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OLDER NEBRASKANS
STATUS REPORT, 1986

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The Nebraska Annual Social Indicators Survey

David R. Johnson and Alan Booth, 1986 Study Co-Directors

The findings in this report are based on data collected in the eleventh Nebraska Annual Social Indicators Survey (NASIS). This survey is part of an on-going study of the quality of life in Nebraska conducted by the Bureau of Sociological Research at the University of Nebraska-Lincoln.

In the Fall of 1986, a representative sample of 1,870 Nebraskans eighteen years of age or older living in households was interviewed by telephone. Approximately 60% of those interviewed were drawn from a sample of respondents who had previously been interviewed in earlier years of the study. These panel respondents were last interviewed in the Spring of 1985. The remainder of the sample was selected using a random digit telephone sampling design. The interview averages approximately 40 minutes and includes questions about health, housing, work, family life, education, recreation, political interests, and other items reflecting quality of life in the state. For the entire sample, 95 out of 100 times the percentages computed from the items asked on the survey are likely to be accurate to within plus or minus 2.257 percent of the figure that would have been obtained if each adult in Nebraska had been surveyed. This is an estimate of maximum error and for most items the percentages are likely to be even more accurate.

The data gathered by NASIS are used by a wide variety of state and local government agencies for policy and program planning and by faculty and students at the University of Nebraska and other colleges for research. No information identifying any respondent is released to any users and the strict confidentiality of individual respondents is rigidly enforced. While the final responsibility for the organization and structure of the survey and for reports produced under its name rests with the Bureau of Sociological Research, public agencies and university departments play an integral part in planning the survey through an Advisory Committee. Public organizations interested in membership on the Advisory Committee should contact the NASIS Study Directors.

Funding for NASIS comes from the University of Nebraska, the Bureau of Sociological Research, and state and local agencies which buy items and data analysis from the survey.

The NASIS surveys are repeated each year to measure change in the quality of life in Nebraska. While there is a core of questions which is included every year, each survey has a large component of unique items which address specific topical areas. Plans for future years include interviewing a new sample of Nebraskans in the Fall of 1987. Additional details on the NASIS surveys regarding use of the survey data or cost of purchasing items on future surveys can be obtained by contacting David R. Johnson or Alan Booth, NASIS Study Directors, at the Bureau of Sociological Research or by sending for a copy of the 1987 NASIS Prospectus.

OLDER NEBRASKANS

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National and local attention has often focused on the negative aspects of aging and responses to aging. The White House Conference on Aging (1981) suggests that these negative aspects have been overemphasized and that there is a misconception that the aging are "victims of poverty; abandoned by their families in nursing homes; living in deteriorated housing; victims of inflation; prisoners in their homes and neighborhoods; isolated from family, friends, and society; forced into premature retirement." The Conference proposed that serious problems do exist for some, but not for all or even most, of our older citizens; and where they exist they should be "exposed, discussed, and resolved."

The purpose of this report is to examine the following question. To what extent are the elderly in Nebraska disadvantaged? This report describes and summarizes the status of older Nebraskans from several perspectives: (1) demographic characteristics, (2) socioeconomic status, (3) quality of life, and (4) social and community involvement of older Nebraskans. The Nebraska Annual Social Indicators Survey (NASIS) from the fall of 1986 is the source of all information except where specified. The data presented below contain an adjustment for the sex and age bias found in the sample; where possible, comparisons with national figures and middle-aged Nebraskans will be made. Middle-aged

Nebraskans are defined for this study as those between 40 and 59, while older Nebraskans include respondents 60 and over. A further delineation of age appearing in this report involves the reference to the young old (60 to 64) and the oldest old (80 to 95).

Demographic Characteristics

The number of elderly persons has grown and for the next 50 years will continue to grow more rapidly than the total population. At the beginning of this century, about 7.1 million persons, less than ten percent of the total United States population, were age 55 and over. In 1987 over 20% of the American population, an estimated 52 million persons, was 55 years or older. Through the year 2000, the population age 55 and over is expected to remain at just one-fifth of the total population, but by 2010 one-fourth of the total U.S. population (74.1 million) is projected to be at least 55 years old because of the maturation of the baby boom group. Overall, those 85 and over are projected to be the fastest growing part of the population.

It is commonly assumed that the current growth of the older population is due to increased longevity. The primary cause, however, is a steady decrease in birth rates during this century. Increase in life expectancy, in fact, accounts for a relatively small portion of the rise in the proportion of the elderly.

In the nation as a whole, 16.6% of the population is 60 years and older; Nebraska statistics reveal a very similar percentage (17.1) in this age group. Census data (1980) reveal that there were 268,761 Nebraskans over the age of 60 in 1980 (see Table 1).

Approximately one quarter of older Nebraskans were 60 to 65, while the oldest old (80 years and over) made up about 19% of older Nebraskans in 1980. Because female life expectancy exceeds males' by seven years, two-thirds of these very elderly Nebraskans were women (see Table 1). The percentage of women in each age group increased with age: two out of three (33,508) Nebraskans 80 and over are women (Bureau of the Census, 1983).

Marital status and living arrangements are integral components in the quality of life of older Nebraskans. Over 90% of middle-aged Nebraskans (40-59) are married. Marriage is also the most common status for older Nebraskans (60-95) with over two-thirds of this population being married (see Table 2). A small proportion of older Nebraska men (3.1%) and women (3.5%) are divorced. The above closely parallel national data with 3.6% older men and 4.2% older women divorced. While absolute numbers of the divorced are dwarfed by the widowed, the increasing proportions will command future attention (Bureau of the Census, 1987). Because the number of respondents who are divorced or never married is so small in this sample, data on these marital status groups may be unreliable and are not reported separately in this report.

A substantial increase in widowhood is noted with age: 5.9% of those 60-64 years old compared to 52.8% of Nebraskans 80 years and older are widowed. Widowhood patterns are very different among elderly men and women nationally. Only 9% of the men over 60 are widowed compared to 33% of the women. By the time women reach old

age, they are much more likely to be widowed than married: widows outnumber wives by a four-to-one ratio among women ages 75 and over.

It is becoming increasingly common for the elderly to live alone. This phenomenon may be related to the changing nature of the family from extended to a nuclear unit as well as the rapid growth of the oldest old. Data from the United States Current Population Survey reveal that nearly one-third of elderly Americans live alone, with women much more likely than men to live in single-person households. The percentage of older Nebraskans living alone (24.5) is less than the national percentages, but older Nebraskans are approximately five times more likely to live alone than middle-aged Nebraskans (see Table 3). Living arrangements differ significantly by gender: over 32% of older women live alone compared to only 14% of older men. Of the oldest old (those over 80), 57.4% live alone and 84.3% of those living alone are widowed women.

It is clear from the above assessment of selected demographic characteristics that older Nebraskans are differentiated from younger Nebraskans on significant dimensions. Aging Nebraskans, especially in the oldest old category, are more likely to be women. These elderly women are prone to be widowed rather than married, and a substantial portion live alone.

Turning to an examination of rural-urban residence, we find few differences between Nebraskans 40 to 59 and those 60 to 95 (see Table 4). It would appear, however, that the elderly are more likely than middle-aged Nebraskans to have rural roots: 27% of the

population 60-64 lived on farms compared to 18% of those 40-59. The relatively low percentage of elderly living on farms appears to be in part the result of widowhood and age causing a move from the farm to urban residence. The urban proportion increases with age with 91.8% of the oldest old living in the city. Since women are older than men, older women are more likely than older men to live in the urban areas of Nebraska. This residential concentration of women also appears to be related to marital status since 86.2% of the widowed (a category that is heavily female) live in urban areas of Nebraska.

Patterns of educational achievement have changed with the growth and development of the national educational systems. Educational attainment of elderly populations in the United States is well below that of younger populations. When comparing middle-aged and older Nebraskan's educational levels, it is evident that over four times as many Nebraskans aged 60 to 95 did not complete high school as those 40 to 59 years of age. Over 30% have less than a high school diploma and only 13.6% had 16 or more years of education (see Table 5). A higher percentage of older men than women have not completed high school, although men have a slightly higher percentage with 17 or more years of education. The percentage of older Nebraskans with less than 12 years of education increases with age. Conversely, those with over 17 years of education also increase with age, although the small numbers make the reliability suspect.

In conclusion, the elderly are not just older than the rest of the population. The elderly are disproportionately female, widowed, and alone. They are also less well educated. These four factors are sufficient to put them at a disadvantage in terms of economic status and quality of life even without the particular disabilities and limitations of age.

Socioeconomic Status

Household income in the United States rises with the age of the householder until retirement age (Bureau of the Census, 1987). Income and the ability to replace assets are often reduced with retirement. Seventy-four percent of older Nebraskans were retired by the age of 65 and that percentage rises to 90.3 of Nebraskans 70 years of age. Table 6 reveals sharp and meaningful differences in income distribution by age: 22% of elderly Nebraskans have family incomes under $10,000 and fully 59% have incomes less than $20,000. This is nearly three times the figure for Nebraskans who are 40-59. At the other end of the income distribution, we find that only 10% of the over 65 have incomes over $40,000 compared to 40% of those between 40-59.

National poverty rates are highest among the oldest old, women, minorities, those who live alone, and among those who are married and depend exclusively on Social Security benefits. Nebraska findings concur with the above. (Minority data are not analyzed here because of their small numbers in this sample.) Almost twice as many women as men in Nebraska 60 and older have incomes under $10,000. Over half of the widowed older Nebraskans have an annual

income under $10,000. Further, approximately 20 percent of widowed Nebraska women have incomes under $5,000, which is below poverty level. Approximately 50% of older married men and women have a total family income under $20,000. One of the reasons women are more likely to be in poverty is because they are older and more likely to be alone than men.

Four economic-related questions from the survey were chosen as indicators of financial stress of older Nebraskans for this report. First, respondents were asked whether "they felt they were better off this year than they were two years ago at this time, about the same, or worse off in relation to financial prospects." Second, the subjects were asked whether "they own their home or were buying or renting." Third, survey respondents were asked "overall, how satisfied are you with your current financial situation? Would you say very satisfied, satisfied, dissatisfied, very dissatisfied, or neither satisfied nor dissatisfied?" Finally, older respondents were asked "do you ever have trouble meeting your normal household expenses?" These four indicators of financial stress of Nebraskans are presented in Table 7 for the older population and for Nebraskans aged 40-59.

In general the two groups are similar in subjective economic condition. Despite the low incomes reported in Table 6, the older population as a whole is not complaining about its financial situation. Fewer than 10% report difficulty meeting expenses and only one out of five is dissatisfied with their financial situation. Although the differences are not large, females are

consistently disadvantaged compared to men. A further delineation of financial stress by age reveals that although the lack of home ownership rises from 3.8% for those ages 60 to 64 and 24.4% in the group 80 to 95 years of age, the proportion of older Nebraskans reporting worse financial prospects and dissatisfaction with expenses actually decreases with age (see Table 7).

The lack of reported financial problems seems to be a paradox in view of the low incomes reported by older Nebraskans. There are two possible explanations for these apparently contradictory reports. One is that older people are just less likely to complain, either because they are resigned to a situation beyond remedy or because they have changed their standards so that they are satisfied with less and less. If this is the correct explanation, then we should look more closely before concluding that the older population does not face economic hardship. On the other hand, it may be that older Nebraskans are better off than their annual incomes indicate. Financial assets often increase with age, and we know that 91% of this sample own their own homes. These assets and the absence of house payments cushion the drop in income that follows retirement. This suggests that the group for which lower retirement incomes are a problem is that group (largely women and minorities) who were unable to accumulate substantial assets during middle age. For this group of older citizens, low incomes may indeed pose a financial hardship.

Labor force involvement in the United States declines as the population approaches retirement age. The Bureau of the Census

(1987) reports that the proportion of elderly persons in the work force is usually a small fraction of the corresponding proportion of younger adult populations. To determine involvement in the labor force by older Nebraskans, respondents were asked "Last week, were you working full-time, part-time, going to school, keeping house, or what?" The results of this labor force assessment are presented in Table 8. The above reported trend is operative in Nebraska with 66% of the population between 40-59 working full-time compared to 16.3% of those 60-95. Participation in the work force by older Nebraskans does decline with age, but 17.2% of Nebraskans 75 or older are working. Older men greatly outnumber older women in the national labor force. This is consistent with Nebraska findings with 37.7% of the males and 15.6% of the females working either part-time or full-time (see Table 8). Though 18% of the married women reported they were retired, 60.8% stated they were housekeepers.

Quality of Life

The measures of quality of life discussed in this report include: (1) life satisfaction, (2) marital satisfaction, (3) neighborhood satisfaction, (4) attitude toward retirement, and 5) general health status. All respondents were asked to respond to a simple question about life satisfaction "Taking all things together, how would you say you are these days? Would you say you are very happy, pretty happy, or not too happy?" Because so few respondents of any age (5.3%) say they are actively unhappy, the response categories of "pretty happy" and "not too happy" were combined and presented

under the heading "dissatisfaction with life" on Table 8. Over 70% of older men in Nebraska expressed some dissatisfaction with life; women demonstrated somewhat less dissatisfaction with 60.2%. Approximately two-thirds of each age group, with the exception of those 70-74, were dissatisfied to some extent. There was no consistent tendency for dissatisfaction to change with age. When examining life satisfaction by marital status, almost three out of four widowed Nebraskans fell into the dissatisfied category as coded above. In view of the high portion of the widowed being old and female, this would lend support to the conclusion that this is indeed a vulnerable group.

One general question was asked of married respondents in relation to marital satisfaction: "Taking all things together, how would you describe your marriage? Would you say that your marriage is very happy, pretty happy, or not too happy?" A large percentage (66.3) of older Nebraskans said they were very happy. Dissatisfaction with marriage is presented in Table 9, and again this category represents a combination of the pretty happy and not too happy. There appears to be a tendency for dissatisfaction with marriage to decline with age. The elderly as a whole are significantly less dissatisfied than those in middle age. When asked if they sometimes thought about divorce in the last 2 years, 6.9% of those Nebraskans aged 60-64 and 3.5% of 70-74 reported that they had such thoughts. The total percentage of older Nebraskans aged 60-95 reporting thoughts about divorce was 2.8% compared to 2.5% between the ages of 40-59. Additionally, a minority (4.5%) of older

Nebraskans report poor communication with their spouse. Women report more dissatisfaction with communication with their spouse than do men (7.9% vs. 1.4%).

An additional measure of satisfaction for older Nebraskans is satisfaction with neighborhood. Respondents were asked: "Overall, would you say that you like or do not like living in your neighborhood? Do you like it very much, like it somewhat, dislike it somewhat, dislike it very much, or neither like nor dislike it?" The last four responses were combined into the category of dissatisfaction with neighborhood. In general there is less dissatisfaction with the neighborhood than with the other measures reported above; only two out of ten older Nebraskans did not like the neighborhood they were living in (see Table 9). This is a lower level of dissatisfaction then reported by the middle-aged. Men and women are equally likely to be dissatisfied with their neighborhoods. There is a tendency for neighborhood dissatisfaction to decline with age, perhaps because of longer residence. When the respondents were asked if they felt as safe in their neighborhood as they did two years ago, 8.3% stated they did not feel as safe.

To further assess the quality of life of older Nebraskans, their attitude toward retirement was addressed. Respondents were asked if they were happy about how their retirement turned out or if they would rather be working part or full-time. Approximately 75% of both men and women are happy with their retirement. This varies little by age.

The final indicator of quality of life of older Nebraskans is their general health status. U.S. Department of Health and Human Services (1980) reports that the older population as a whole is healthier than commonly assumed. In 1980, 9 out of ten older persons described their own health as fair, good or excellent; only 8% said their health was poor. When older Nebraskans were asked a similar question: "Would you say you own health in general is excellent, good, fair, or poor?", their responses generated an even higher percentage of positive health than on the national level. Approximately 95% characterized their health as excellent, good, or fair, leaving only 5.1% depicting their health as poor (see Table 10). Despite these generally positive reports of health, elderly Nebraskans feel worse than do the middle-aged: only 69.4% of elderly Nebraskans say their health is good or excellent, compared to 88.5 of those 40-59.

Older men and women in Nebraska experience very similar patterns of health. Despite their greater age, women report only slightly worse health than men. As one would expect, the percentage of Nebraskans experiencing excellent health decreased after age 69 (see Table 10). It is remarkable, however, that only 4.3% of the oldest old say they have poor health. This finding may reflect the changing standards of evaluating health with age as well as the fact that this survey includes only non-institutionalized populations living in households. A look at health differences by marital status reveals that widowed older Nebraskans report almost

four times the percentage of poor health as do married respondents. Widowed women are again notable for their disadvantage with 13% of them reporting poor health.

SOCIAL AND COMMUNITY INVOLVEMENT

Social integration of older Nebraskans is examined in this report in terms of their social and community involvement. As people age, the importance of having friends and relatives with whom they are bonded and who live in close proximity increases. Social support of older Nebraskans was determined by the existence and proximity of close friends and relatives. The respondents were asked: "Are there any people you consider to be very close friends of yours who are not relatives? Do they live nearby? Do you have relatives not living in your home that you feel close to? Do they live nearby?"

Patterns of social support are similar for Nebraskans ages 40-59 and those 60-95 with close to 90% of both groups having both friends and relatives they feel close to (see Table 11). Elderly women in Nebraska have slightly higher percentages of friends and relatives they feel close to. However, both sexes report high levels of support at all ages. The very old have the highest percentage (94.5) of close friends, though they have a slightly lower percentage of close relatives. Most have friends nearby, while approximately two-thirds have relatives who are in close proximity. Marital status has relatively little effect, and the widowed are not disadvantaged in terms of a support network.

To determine the frequency of contacts with friends and relatives, respondents were asked the following question as it related

to friends and relatives, respectively. "How often do you talk to them (friends/relatives) on the phone or visit them?" Contact with friends and relatives is more frequent in the ages 60-95 than ages 40-59 (see Table 12). This may be due to older Nebraskans having more leisure time. Women again report more frequent contacts with friends and relatives than their male counterparts. The young old and oldest old have very similar patterns of contacts with friends and relatives with around 80% of both having contact at least weekly. The widowed report the most frequent contacts with friends and relatives alike, with 94% of widowed women contacting their friends at least once weekly.

A variety of questions were asked of respondents related to participation in various community activities. The following five questions were used to determine community involvement by older Nebraskans. First, "Did you happen to attend religious services in the last seven days?" Second, "Have you voted in the last two years?" Third, "Some people are members of different organizations such as church groups, or job-related groups, fraternal or civic groups, or recreation groups like bowling or card clubs. Do you belong to any groups or clubs?" Fourth, "Did you happen to use any of the services of the library in your area, since last January?" The final area of evaluation of community involvement asked about participation in the outdoor activities of boating, camping, and fishing and was labeled outdoor recreation (see Table 13).

Community involvement of older Nebraskans age 60-95 is very similar to that of the middle-aged Nebraskans. Both groups had a

little over 50% church attendance in the last week, both had nearly 90% voting in the last two years, and of both, over 60% belonged to voluntary organizations. Approximately 30% of older Nebraskans participated in outdoor recreation compared to 14.3% of middle-aged Nebraskans, a difference probably accounted for by elders having more leisure time. Libraries were used by approximately 10% more middle-aged Nebraskans. Gender differences were noted consistent with traditional roles regarding church attendance, outdoor recreation, and use of library. Women attended church more frequently and men participated in outdoor recreation more often than women; women also availed themselves of library services more frequently than men.

As would be expected, participation in select community activities declines somewhat with an increase in age; greatest decline is noted in voting and outdoor recreation. Church attendance is the same among the young old (60-64) and the oldest old (80-95). Library use increased as age increases with the exception of those ages 75-79. The married have the best voting record with approximately 90 percent of married men and women alike voting in the last two years.

Elderly Nebraskans have reported a relatively high level of social and community involvement. This involvement is evident in relation to the existence of and contact with friends and relatives as well as participation in community activities. The evidence portrays a population that is neither lonely nor isolated.

SUMMARY

This report addressed the question of whether the elderly in Nebraska are disadvantaged. It examined the question broadly, considering such issues as economic status, quality of life, and social integration.

The following findings are significant:

* Age sharply increases the likelihood of living alone. Among those over 80, 57% live alone.
* The elderly have much less education than the cohorts immediately behind them. Nearly half of those over 75 did not complete high school.
* Elderly Nebraskans have much lower incomes than middle-aged Nebraskans. Sixty percent of elderly Nebraskans have family incomes of less than $20,000; 28% have incomes of less than $10,000. Those most likely to have low incomes are women, the widowed, and the oldest old. Fully 55% of widowed women over 60 have incomes below $10,000 and 22% are below the poverty level.
* Despite incomes much lower than younger people, older Nebraskans report little economic stress. Fewer than 7% report trouble meeting their expenses.
* There is no evidence that satisfaction with one's life, marriage, or neighborhood declines between middle-age and old age. In fact, the oldest old are consistently the least likely to report dissatisfaction of any kind.

* Even among those over 80, two-thirds report excellent or good health; only 4% of this high-risk group report poor health. Again, widowed women are the group most likely to report poor health.
* Community and social involvement are high among all categories of the elderly. There is clear evidence that the elderly population is not lonely or isolated.

CONCLUSION

A review of data from a random sample of 471 older Nebraskans allows us to assess in a broad way the quality of life of Nebraska's older citizens. This review leads us to reach two very general conclusions. One is that older Nebraskans are for the most part happy, healthy, active, and socially integrated. Indeed, their own reports suggest that even the oldest old experience a high quality of life. On the other hand, there are grounds for concern. The incomes of the elderly are much lower than those of younger Nebraskans, and they are much more likely to live alone. Both of these factors increase the vulnerability of the aged and reduce their ability to cope with problems ranging from illness to home repairs.

By far the most vulnerable group is widowed women. A full 20 percent of this group has incomes below the poverty level; one in seven is in poor health; 83% live alone. These findings suggest that this group rather than the elderly as a whole should be targeted for public and private programs directed at improving the quality of life of Nebraska's elderly.

TABLE 1

AGE OF OLDER NEBRASKANS BY SEX, 1980

AGES	60-64	65-69	70-74	75-79	80 & Above	TOTALS N	TOTALS %
TOTALS	24.9	22.0	19.5	14.8	18.8	268,761	100
SEX							
Male	46.0	45.4	42.7	38.8	33.5	112,427	41.8
Female	54.0	54.6	57.3	61.2	66.5	156,337	58.2

Source: 1980 Census of Population. Detailed Characteristics: Nebraska. Washington: Bureau of the Census, 1983.

TABLE 2

MARITAL STATUS OF OLDER NEBRASKANS BY SEX AND AGE AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	MARRIED	NEVER MARRIED	DIVORCED	WIDOWED	TOTALS N	TOTALS %
AGES 40-59	91.3	1.6	4.3	2.8	534	100
AGES 60-95						
TOTAL	68.8	5.2	3.4	22.6	471	100
SEX						
Male	81.4	6.2	3.1	9.3	207	100
Female	58.9	4.4	3.6	32.9	267	100
AGE						
60-64	90.1	.9	3.2	5.9	112	100
65-69	73.5	5.8	5.8	14.8	119	100
70-74	67.4	6.8	1.9	23.9	91	100
75-79	61.7	7.2	.8	30.3	81	100
80-95	35.7	6.7	4.8	52.8	68	100

TABLE 3

LIVING ARRANGEMENTS OF OLDER NEBRASKANS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	LIVING WITH SPOUSE	LIVING ALONE	OTHER	TOTALS N	TOTALS %
AGES 40-59	30.1	4.7	65.3	534	100
AGES 60-95					
TOTAL	59.2	24.5	16.3	471	100
SEX					
Male	69.2	14.2	16.4	207	100
Female	51.3	32.6	16.1	264	100
AGE					
60-64	68.7	7.2	24.1	112	100
65-69	62.4	15.6	22.0	119	100
70-74	61.1	26.2	12.7	91	100
75-79	58.8	32.2	9.1	81	100
80-95	35.7	57.4	6.9	68	100
MARITAL STATUS					
Married	86.0	----	14.0	324	100
Widowed	----	83.2	16.8	106	100

TABLE 4

AREA OF RESIDENCE OF OLDER NEBRASKANS BY SEX, AGE, AND MARITAL STATUS, WITH COMPARISON TO MIDDLE-AGED NEBRASKANS, 1986

	FARM	OPEN COUNTRY	CITY	TOTALS N	TOTALS %
AGES 40-59	18.0	10.5	71.5	534	100
AGES 60-95					
TOTAL	18.4	5.3	76.3	471	100
SEX					
Male	21.2	5.7	73.1	207	100
Female	16.2	5.3	78.8	264	100
AGE					
60-64	27.2	5.8	67.0	112	100
65-69	22.5	4.9	72.6	119	100
70-74	11.2	7.3	81.5	91	100
75-79	17.1	6.9	76.0	81	100
80-95	7.4	0.8	91.8	68	100
MARITAL STATUS					
Married	22.6	5.6	71.8	324	100
Widowed	9.1	4.7	86.2	106	100

TABLE 5

YEARS OF SCHOOL OF OLDER NEBRASKANS BY SEX AND AGE WITH COMPARISON TO MIDDLE-AGED NEBRASKANS, 1986

	0-11 YEARS	12-15 YEARS	16 YEARS	17 + YEARS	TOTALS N	TOTALS %
AGES 40-59	7.[illegible]	72.2	9.4	11.4	534	100
AGES 60-95						
TOTAL	30.1	56.3	6.3	7.3	471	100
SEX						
Male	36.6	49.0	5.9	8.6	207	100
Female	25.0	62.1	6.6	6.3	264	100
AGE						
60-64	16.4	69.7	8.0	5.9	112	100
65-69	27.7	59.8	6.3	6.2	119	100
70-74	28.9	58.6	5.0	7.5	91	100
75-79	42.8	44.8	3.5	8.9	81	100
80-95	43.4	38.9	8.2	9.5	68	100

TABLE 6

TOTAL FAMILY INCOME FOR OLDER NEBRASKANS
BY SEX, AGE, AND MARITAL STATUS WITH
COMPARISON TO MIDDLE-AGED NEBRASKANS, 1986

	UNDER $9,999	$10,000 -19,999	$20,000 -29,999	$30,000 -39,999	$40,000 -49,999	$50,000 OR MORE	TOTALS N	%
AGES 40-59	5.2	19.7	23.6	21.5	12.3	27.7	534	100
AGES 60-95								
TOTAL	22.1	36.8	21.6	10.4	4.5	4.6	418	100
SEX								
Male	14.7	39.1	26.8	9.2	5.3	4.9	187	100
Female	28.2	34.9	17.4	11.3	4.0	4.3	231	100
AGE								
60-64	7.0	28.7	26.0	21.0	8.4	8.9	98	100
65-69	20.5	38.8	28.5	5.4	2.7	3.9	107	100
70-74	22.5	37.9	18.8	13.2	7.5	---	82	100
75-79	24.0	42.0	19.8	6.5	1.5	6.1	74	100
80-95	48.6	38.7	7.0	1.9	0.9	2.8	51	100
MARITAL STATUS								
Married	11.0	38.1	25.9	13.8	6.4	5.0	288	100
Widowed	52.9	32.6	11.1	1.7	0.5	1.2	91	100

TABLE 7

FINANCIAL STRESS OF OLDER NEBRASKANS
BY SEX, AGE, AND MARITAL STATUS AS
COMPARED TO MIDDLE-AGED NEBRASKANS, 1986

	WORSE PROSPECTS (2 Years)	DON'T OWN HOME	DISSATISFIED WITH FINANCES	TROUBLE MEETING EXPENSES
AGES 40-59	26.0	8.8	23.9	[a]
AGES 60-95				
TOTAL	30.3	11.3	18.4	7.1
SEX				
Male	27.1	8.8	16.2	5.8
Female	32.6	13.2	19.9	8.2
AGE				
60-64	33.3	3.8	23.9	9.2
65-69	39.1	7.8	23.2	5.9
70-74	29.1	11.7	17.6	5.9
75-79	25.1	15.3	10.5	4.4
80-95	17.6	24.4	10.6	6.8
MARITAL STATUS				
Married	30.7	6.3	20.4	5.7
Widowed	32.4	23.3	15.5	11.4

[a] Not asked if respondents under 60

TABLE 8

WORK STATUS OF OLDER NEBRASKANS BY SEX, AGE, AND MARITAL STATUS WITH COMPARISON TO MIDDLE-AGED NEBRASKANS, 1986

	WORK		NOT AT		IN	HOUSE-		TOTAL	
	FULL	PART	WORK	RETIRED	SCHOOL	KEEPING	OTHER	N	%
AGES 40-59	66.0	11.2	0.4	1.4	0.6	16.5	1.6	525	98.4
AGES 60-95									
TOTAL	16.3	9.0	0.4	41.0	0.3	31.8	1.2	431	100
SEX									
Male	27.0	10.7	0.6	60.0	---	0.8	10.0	207	43.9
Female	8.0	7.6	0.3	26.1	0.5	56.0	1.5	264	56.1
AGE									
60-64	41.9	9.9	1.1	18.9	---	26.5	1.7	112	23.8
65-69	16.8	15.4	0.7	32.8	---	32.3	2.0	119	25.3
70-74	6.9	3.2	---	52.7	1.4	35.8	---	91	19.4
75-79	2.8	10.2	---	58.6	---	27.7	0.7	81	17.1
80-95	1.7	2.5	---	55.3	---	39.0	1.5	68	14.3
MARITAL STATUS									
Married	19.2	10.1	0.5	39.0	0.4	29.5	1.3	324	68.8
Widowed	5.6	7.0	0.4	42.7	---	42.9	1.5	106	22.6

TABLE 9

DISSATISFACTION OF OLDER NEBRASKANS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	DISSATISFACTION WITH LIFE	DISSATISFACTION WITH MARRIAGE	DISSATISFACTION WITH NEIGHBORHOOD
AGES 40-59	69.4	48.7	29.7
AGES 60-95			
TOTAL	65.2	34.0	19.3
SEX			
Male	71.7	35.0	21.7
Female	60.2	33.0	18.2
AGE			
60-64	69.5	44.4	22.0
65-69	64.7	31.2	33.5
70-74	55.9	38.4	14.8
75-79	65.4	30.5	17.7
80-95	66.1	38.5	15.7
MARITAL STATUS			
Married	61.0	34.0	18.8
Widowed	74.1	[a]	19.7

[a] Not asked of unmarried respondents

TABLE 10

GENERAL HEALTH STATUS OF OLDER NEBRASKANS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	EXCELLENT	GOOD	FAIR	POOR	TOTALS N	TOTALS %
AGES 40-59	37.8	49.6	10.7	1.8	534	100
AGES 60-95						
TOTAL	17.6	51.8	25.5	5.1	471	100
AGE						
60-64	21.6	57.2	18.1	3.1	112	100
65-69	21.4	46.4	24.8	7.5	119	100
70-74	12.6	57.1	27.8	2.5	91	100
75-79	12.9	48.3	30.6	8.2	81	100
80-95	16.3	49.4	30.0	4.3	67	100
MARITAL STATUS						
Married	18.8	53.4	24.5	3.3	324	100
Widowed	13.3	47.0	27.9	11.8	106	100

TABLE 11

SOCIAL SUPPORT OF OLDER NEBRASKANS BY SEX, AGE, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	HAVE A CLOSE FRIEND	FRIENDS LIVE NEAR BY	RELATIVE FEEL CLOSE TO	RELATIVES LIVE NEAR BY
AGES 40-59	93.1	88.1	89.9	67.2
AGES 60-95				
TOTAL	93.1	90.6	91.8	67.7
SEX				
Male	91.3	90.5	88.5	66.9
Female	94.6	90.6	94.4	68.3
AGE				
60-64	92.2	88.6	91.5	65.1
65-69	93.3	90.6	92.3	69.6
70-74	92.4	94.2	93.0	68.6
75-79	93.7	86.4	92.6	65.5
80-95	94.8	93.7	89.1	70.1
MARITAL STATUS				
Married	93.4	91.0	91.2	68.9
Widowed	92.6	92.3	92.8	70.2

TABLE 12

SOCIAL CONTACTS OF OLDER NEBRASKANS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON OF MIDDLE-AGED NEBRASKANS, 1986

	CONTACT FRIENDS		CONTACT RELATIVES	
	WEEKLY OR MORE	MONTHLY	WEEKLY OR MORE	MONTHLY
AGES 40-59	77.2	12.1	65.2	22.7
AGES 60-95				
TOTAL	86.5	10.4	77.8	18.3
SEX				
Male	85.0	13.0	73.4	23.6
Female	87.7	8.5	81.1	14.4
AGE				
60-64	82.7	15.0	77.2	20.2
65-69	88.3	7.5	78.9	17.2
70-74	95.0	3.9	81.1	14.3
75-79	82.1	13.0	71.1	23.7
80-95	83.7	13.6	80.8	15.7
MARITAL STATUS				
Married	86.4	10.8	77.7	20.2
Widowed	91.7	6.9	82.0	13.6

TABLE 13

COMMUNITY INVOLVEMENT BY OLDER NEBRASKANS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON TO MIDDLE-AGED NEBRASKANS, 1986

	CHURCH IN LAST WEEK	VOTED IN LAST 2 YRS	PARTICIPATE IN OUTDOOR RECREATION	BELONG TO VOLUNTARY ORGANIZATION	USE LIBRARY SERVICES
AGES 40-59	52.7	86.2	14.3	64.4	41.4
AGES 60-95					
TOTAL	57.4	87.5	29.8	61.2	30.1
SEX					
Male	52.3	89.4	35.1	59.4	22.9
Female	61.3	86.1	24.9	62.7	36.3
AGE					
60-64	52.5	92.2	23.1	61.9	24.7
65-69	57.3	82.8	11.9	60.5	32.6
70-74	64.2	93.0	16.6	57.3	43.2
75-79	60.5	88.1	10.0	68.3	19.3
80-95	52.5	80.2	6.4	58.4	34.2
MARITAL STATUS					
Married	57.2	89.9	30.1	64.5	30.6
Widowed	58.9	79.5	23.4	53.6	21.8

List of reports already released using data gathered in the Fall 1986 Nebraska Annual Social Indicators Survey. These may be purchased at the indicated price from the Bureau of Sociological Research at the University of Nebraska-Lincoln.

Report Number	Title
1	Designs, Procedures, Instruments, and Forms for the 1986 Fall NASIS. David R. Johnson. Price: $7.50.
2	Nebraskan's Views on Current Issues Facing the State. Alan Booth. Price: $ .75.

FALL NASIS - 86, #4

MENTAL AND PHYSICAL HEALTH STATUS OF OLDER NEBRASKANS

Kathleen Barr Mazzuca, R.N., M.S.N.

Department of Sociology

Released March, 1990

The Nebraska Annual Social Indicators Survey

David R. Johnson and Alan Booth, 1986 Study Co-Directors

The findings in this report are based on data collected in the eleventh Nebraska Annual Social Indicators Survey (NASIS). This survey is part of an on-going study of the quality of life in Nebraska conducted by the Bureau of Sociological Research at the University of Nebraska-Lincoln.

In the Fall of 1986, a representative sample of 1,870 Nebraskans eighteen years of age or older living in households was interviewed by telephone. Approximately 60% of those interviewed were drawn from a sample of respondents who had previously been interviewed in earlier years of the study. These panel respondents were last interviewed in the Spring of 1985. The remainder of the sample was selected using a random digit telephone sampling design. The interview averages approximately 40 minutes and includes questions about health, housing, work, family life, education, recreation, political interests, and other items reflecting quality of life in the state. For the entire sample, 95 out of 100 times the percentages computed from the items asked on the survey are likely to be accurate to within plus or minus 2.257 percent of the figure that would have been obtained if each adult in Nebraska had been surveyed. This is an estimate of maximum error and for most items the percentages are likely to be even more accurate.

The data gathered by NASIS are used by a wide variety of state and local government agencies for policy and program planning and by faculty and students at the University of Nebraska and other colleges for research. No information identifying any respondent is released to any users and the strict confidentiality of individual respondents is rigidly enforced. While the final responsibility for the organization and structure of the survey and for reports produced under its name rests with the Bureau of Sociological Research, public agencies and university departments play an integral part in planning the survey through an Advisory Committee. Public organizations interested in membership on the Advisory Committee should contact the NASIS Study Directors.

Funding for NASIS comes from the University of Nebraska, the Bureau of Sociological Research, and state and local agencies which buy items and data analysis from the survey.

The NASIS surveys are repeated each year to measure change in the quality of life in Nebraska. While there is a core of questions which is included every year, each survey has a large component of unique items which address specific topical areas. Plans for future years include interviewing a new sample of Nebraskans in the Fall of 1987. Additional details on the NASIS surveys regarding use of the survey data or cost of purchasing items on future surveys can be obtained by contacting David R. Johnson or Alan Booth, NASIS Study Directors, at the Bureau of Sociological Research or by sending for a copy of the 1987 NASIS Prospectus.

MENTAL & PHYSICAL HEALTH STATUS OF ELDERLY NEBRASKANS

The health of the elderly is a growing concern to Americans, both to policymakers and to the elderly and their families. Not only is the proportion of the population that is over 65 larger than ever before, but the older population is older than it used to be. The proportion over 85 has grown twice as fast as the proportion over 65. These changes in our age structure portend major increases in health care costs. Although the elderly make up only 11 percent of our population, they consume 29 percent of total health care expenditures and 50 percent of federal (nonmilitary) health care expenditures (White House Conference on Aging, 1981). As a result, the health and health care of the elderly are important public issues.

This report will describes the health and health care status of Nebraskans age 60 and over. It focuses on three dimensions of health: physical health problems and practices, mental health status, and health insurance patterns. The data for this report are from the two 1986 Nebraska Annual Social Indicators Surveys (NASIS)[1]. Many of the items reported here were commissioned by the Nebraska Department on Aging. The views reported here, however, are those of the author rather than the agency.

Respondents that are addressed are those 60 and older: Comparisons are made with middle-aged Nebraskans 40-59 and with national statistics as appropriate. In reviewing the tables in this report, the reader should keep in mind that respondents are

[1]The number of cases reported in tables will vary somewhat depending upon which survey is used.

the non-institutionalized elderly in Nebraska. The institutionalized elderly, representing eight percent of the Nebraska population 65 years and older (General Populations Characteristics, 1980 Census), are excluded from these analyses.

Numerous studies in gerontology document that the incidence of mental and physical problems increases with advancing age and that mental and physical ailments are closely related. Physical and mental aspects of health are interrelated and symptoms of one illness often intensify others. However, data for each type of illness will be presented separately in this report.

PHYSICAL HEALTH: PROBLEMS AND PRACTICES

The first section of this report will explore general health status, chronic health problems and medication usage, the sources of medical care received, and the frequency of physician visits and hospitalization.

General Health Status

To determine the health status of older Nebraskans, respondents were asked to rate their health as "excellent, good, fair, or poor." Many studies have found that elderly individuals' self-ratings of health are closely related to measures of objective health status. Thus, the health status reported by older Nebraskans can be considered reflective of their objective health condition.

Approximately 95 percent of older Nebraskans characterized their health as excellent, good, or fair, leaving only 5.1 percent depicting their health as poor (see Table 1). Few sex differences are observed in reports of health, but age makes a substantial difference.

Although 88 percent of Nebraskans 40-59 say their health is excellent or good, only 69 percent of the over 60 are this positive. Approximately 22 percent of the youngest old (60-64 years) reported their health as excellent compared to 16.3 percent of the oldest old (80-95 years). This small variation in self reported health status among older age categories belies the fact that the very old are subject to more disability and illness. National studies suggest that the elderly often judge their health status in the context of their age and expectations of others (Neugarten, 1968). being in excellent health for age 85 may be a very different thing from being in excellent health!

Older Nebraskans living in urban areas report a higher percentage (77 percent) of good or excellent health than those in rural areas (66.7 percent). Family income also appears to be related to how respondent's report of their health conditions. only 49 percent of those older Nebraskans making $5,000 or under report their health as good or excellent compared to 68.4 percent of those making between $20,000 and $24,999. Even after adjusting for age, those with lower incomes report consistently worse health.

Health Problems and Medication Usage

Ailments of the elderly are largely chronic, in contrast with acute, and require more long-term treatment. This survey does not ask directly about chronic illness; the closest approximation to such an inquiry is a question that asked respondents "during the past year have you had any health problems or illnesses for more than three months?" Nebraskans aged 60-96 experienced almost twice as many of

these persisting health problems as those 40-59 (see Table 2).

Twenty five percent of older Nebraskans reported that they had a health problem. The incidence of health problems rises steeply after age 65. The sex differential in health problems, however, is modest: 27 percent of older women compared to 23 percent of older men report such a problem. Married Nebraskans were less likely to report health problems than widowed Nebraskans (23 versus 31 percent). Further analysis demonstrated that the higher incidence of health problems among women and widows was not simply a function of their greater age. There was no difference in the presence of health problems in rural and urban respondents. Income is one of the most important predictors of health problems. 30 percent of those making under $5,000 had a health problem in comparison to only 16.8 of those making between $20,000 and $24,999.

The respondents were asked if they were "currently taking medication." Since well over 60 percent of older Nebraskans take medication, this may be an indirect indicator of chronic conditions in this population. Three out of four of the oldest old were currently taking medications in contrast to less than half of those 60 to 64 (see Table 2). Older Nebraska women, who are older than their male counterparts and who report somewhat more health problems, are substantially more likely to be taking medication (69 versus 56 percent). More widowed older Nebraskans (69 percent) take medication than married (61 percent), which is related to the higher proportion of the widowed being women and older. Only a very small percentage of older Nebraskans need help taking their medication (see Table 2).

Sources and Frequency of Medical Care

The source of medical care of older Nebraskans was determined by asking respondents "where do you usually go when you see a doctor?" There is very little variation in the source of care for middle-age and older Nebraskans. approximatley 90 percent of both groups use private physicians. The clinic was the next most used source of care for older Nebraskans, however only 3 percent used a clinic.

Because the prevalence of chronic disease is greater for older people than the population at large, they use medical personnel and facilities with greater frequency than do younger persons. Nationally, persons 65 and over average six doctor visits for every five made by the general population (Bureau of Census, 1983). To ascertain the pattern of physician visits in Nebraska, respondents were asked whether they had seen a physician in the last year and, if so, how often. On both measures, Nebraskans over 60 had only slightly higher physician usage than middle aged Nebraskans. Over seventy percent of both groups saw a physician within the year. The mean (average) number of annual visits is 3.87 for older Nebraskans compared to 3.57 for middle-aged Nebraskans (see Table 3). Women visit physicians twice as often as men. This finding is consistent with their reports of more health problems and taking more medications than men. It may also reflect the fact that, having borne the chief responsibility for their family's health makes women more responsive to signs of ill health. Physician visits increase rather steadily with age, which may be related to the probability of increase of chronic disease with age. Although the rural elderly had to travel

farther to see a physician than urban elderly (24 miles versus 14 miles), the greater distance apparently did not deter them from getting health care. Those Nebraskans living in rural Nebraska see a physician more often than those living in urban areas (4.1 visits versus 3.5 visits). We find no relationship between number of visits and income categories.

Respondents in this survey were asked questions concerning hospitalization, including: Were you admitted to a hospital during the past year? How many times were you admitted? Was surgery performed during any stays in the hospitalizations? The Bureau of Census reports that the elderly are hospitalized approximately twice as often as the younger population and stay twice as long. The difference was not so dramatic in these Nebraska data. Nevertheless, 23 percent of older Nebraskans reported having been hospitalized in the previous year compared to 13 percent of the middle-aged (see Table 4). The number of older Nebraskans hospitalized increases with age: 18.8 percent of those Nebraskans 60-64 were hospitalized as compared to 31.3 percent of those Nebraskans 80 to 96. Older Nebraskans were more likely than middle-aged Nebraskans to have been hospitalized more than once. Only 15.8 percent of those Nebraskans 60-64 who were in the hospital were there more than once as compared to 48.6 percent of those 80-96. The widowed experienced more frequent hospitalization than those married, which is consistent with their more frequent health problems and the absence of a spouse for home health care. The young old and the oldest old had about the same percentage of surgery; those 70-80 have the highest percentage of surgery (see Table

4). Older women were hospitalized more frequently than men; but 62.5 percent of men had surgery compared to 43.0 percent women, which may suggest that women are more frequently hospitalized for chronic disease.

MENTAL HEALTH STATUS

The true prevalence of the aged's need for mental health care has not been fully established. Current national data suggest that between 18 and 25 percent of older people have significant mental health symptoms (Brody, 1985). The mental health status of elderly Nebraskans was determined by asking respondents a battery of 50 questions.[2] These questions, which have been used in nationwide studies with consistent results, pinpoint high risk subgroups. The questions cover a wide range of areas including the individual's feelings of mental well being, ability to function in daily life, and symptoms of stress. Examples of such questions are "How often do you have trouble concentrating or keeping your mind on what you are doing?" "Do you have trouble getting to sleep and staying asleep?" and "Have you ever had periods of days or weeks when you couldn't take care of things because you couldn't get going?"

[2] These questions and the scales they form were developed as part of a study reported in J. J. Schwab et al., Social Order and Mental Health, New York: Brunner/Mazel, 1979, and refined by George J. Warheit in "Psychosocial Symptom and Dysfunction Measures: Their Development and Validation," a working paper published by the Department of Psychiatry, University of Florida, Gainesville, Florida.

For the purpose of data analysis, the data were divided into five general areas associated with mental health problems: 1) cognitive impairment, which is the inability to concentrate and to remember things; 2) depression, the general feeling of hopelessness (that life is bleak); 3) anxiety, which entails a general feeling of fearfulness or stress; 4) psychological dysfunction, the behavioral consequences of mental disorder; 5) general psychopathology, classic symptoms of mental disorder, including seeing things, having unwelcome fantasies, and irrational anger, etc.

An individual is considered "likely" or "at risk" of having a mental health problem in one of these areas if his/her accumulated score in an area is more than one standard deviation above the mean for all respondents at all ages.[3] In this case the total sample of adult Nebraskan is used as a standard against which to measure the mental health of the elderly. The five dimensions of mental health discussed above were scaled and the percentage of older Nebraskans "at risk" for each dimension are presented in Table 5. Those who are determined to be at risk are considered likely to have a mental health problem in that particular area. These individuals would probably benefit from increased support of friends or family, counseling from a minister or social service worker or self help group (White and Beeson, 1982). Sixteen percent of older Nebraskans scored "at risk" for cognitive impairment, a figure comparable to the age group 40 to

[3]The standard deviation is a statistical means of measuring when a score is significantly different than the average. This is the same criterion used in the other studies employing these scales.

59 (see Table 5). There is, however, a clear tendency for cognitive impairment to increase after age 75: over 20 percent of the oldest old are "at risk" for this impairment (the inability to concentrate and to remember things). Eighteen percent of male respondents, compared to 14 percent of female respondents, are at risk for cognitive impairment. Approximately 3 percent more widowed older Nebraskans are at risk for cognitive impairments than their married counterparts. This may be related to widowed Nebraskans being older as a population than those married.

It is particularly difficult to estimate the proportion of older people who suffer from depression and anxiety. Brody (1985) reports that estimates of the proportion of elderly community residents who have depressive disorders range from 10 percent to 25 percent. Studies have demonstrated that rates of depression are higher for older than younger people. Vital statistics for 1985 reveal that males 85 years and older have a highest death rate (457.3 per 100,000) for suicide for any other age group. However, the comparison of middle-aged and older Nebraskans shows that those 60-96 are slightly less at risk for depression (see Table 5). Older Nebraskans are only slightly more often at risk for anxiety than middle-aged Nebraskans.

The patterns for depression and anxiety are very similar. Older Nebraska women are somewhat more at risk for both depression and anxiety than men. Proportions at risk for depression and anxiety increase at 65 and older, while Nebraskans 60-64 experience very low percentages of being depressed or anxious compared to those 40-59. Widowed Nebraskans are clearly at greater risk for depression and

anxiety than those who are married. A prior NASIS report identified elderly widowed Nebraska women as being especially economically disadvantaged; this may relate to their higher rates of risk for depression and anxiety.

The examination of psychological dysfunction (behavioral consequences of mental disorder) and general psychopathology (classic symptoms of mental disorder) reveals interesting and similar patterns. Approximately, two times more middle aged Nebraskans are "at risk" for psychosocial dysfunction and general psychopathology than older Nebraskans (see Table 5). Studies have shown that neurotic disorders and symptoms experienced as psychological disturbances do not increase with age. However, these studies demonstrate that the elderly show a sharp increase in psychosis (both organic and functional). One of the reasons for the sharp rise in rates of mental impairments reported in other studies is the entry into the ranks of the mentally ill of those with the chronic organic mental disorders associated with the later phase of life (Alzheimer's disease and related disorders). Because people with such diagnoses are often in institutions and the sample for this report represents the non-institutionalized elderly living in households, this probably accounts for the discrepancy. Older men are at somewhat greater risk of both psychosocial dysfunction and general psychopathology than women. No clear pattern emerges between age and psychosocial dysfunction or general psychopathology.

Previous investigations of mental health, using the above described questions and scales, indicate that only those who score at risk on three or more scales are likely to have a serious mental

health problem. These respondents would be considered in need of direct mental health services. Using this criterion, five percent of Nebraskans 60-64 are in need of direct mental services, a figure that rises to 7 percent for the old-old (80-95). Nebraskans 40-59 have a much higher percentage (11.5) of serious mental health problems than older Nebraskans.

These data are in contrast to national studies which indicate that the elderly have significantly higher rates of mental health problems than the general population.

Again, in the interpretation of these data of older Nebraskans needing mental health services, one must remember that these respondents are non-institutionalized. A proportion of these older Nebraskans needing direct services for mental health are undoubtedly in nursing homes, psychiatric hospitals or related institutions.

HEALTH INSURANCE PATTERNS

Elderly Nebraskans' incomes and their ability to replace assets are reduced with retirement. Twenty two percent of elderly Nebraskans have incomes under $10,000 and almost sixty percent have incomes less than $20,000. These low incomes of the elderly together with their vulnerability to chronic disease, higher incidence of health problems, need for medications and medical care, and hospitalization puts them at great risk for economic stress. Since the early 1980's, federal cutbacks have increased health care costs to older people, further increasing the problems of health care costs for the elderly. Budget reductions at the federal level have been extensive and the situation is also affected by uneven service cutbacks and other action taken by

states (Brody, 1985). Therefore, health insurance coverage is a most important concern for the elderly.

Older Nebraskans have a high rate of insurance coverage (94.7 percent), even higher than for those 40 to 59 (see Table 6). All age groups of older Nebraskans have above ninety percent health insurance coverage. Married and widowed older Nebraskans are equally well covered, females have somewhat more coverage than men. Almost all of the insured were covered for the full year.

Though most Nebraskans have health insurance, there are bills. When asked, "After using all sources of payment available to you, have any part of your medical bills remained unpaid in the last year?" 11.2 percent of older Nebraskans reported unpaid bills. An even higher percentage (17.4) of those 40 to 59 have unpaid bills. While there is only a small variation between males and females and married and widowed, 8.4 percent of those 60-64 have unpaid bills compared to 14.4 percent of those over 80.

The Medicare and Medicaid programs have enabled a high percentage of elderly to be covered by health insurance. Before 1965 only 50 percent of the elderly had any form of health insurance. As Table 7 indicates, however, there are many additional sources of payment for health care. Nationally, more than half (about 55 percent) of the elderly purchase private insurance to supplement Medicare coverage. The private health insurance coverage has frequently been duplicative, expensive, and has not provided adequate protection against extraordinary expenses (White House Conference on Aging August, 1981). Though Nebraskans are below national levels of purchasing private

health insurance, 42 percent of those over 60 buy such insurance and 53 percent have insurance supplemental to Medicare. Only 13 percent have Medicare only. Despite the availability of Medicare, Medicaid and private insurance, the elderly still pay 29 percent of their health care expenses directly out-of-pocket (White House Conference on Aging, 1981). When respondents were asked how they usually pay for medical care, "out of pocket" including any deductible on insurance was the response of 46.2 percent of older Nebraskans. Since most forms of insurance require a deductible, this is not remarkable. Thirteen percent of Nebraskans relied solely on Medicare as a source of payment; 25.8 percent of the oldest old were in this category as well as 15.5 perent of widowed Nebraskans.

SUMMARY

* Approximately 70 percent of older Nebraskans characterize their health as excellent or good. Even among the oldest old, fewer than 10 percent of the non-institutionalized elderly characterize their health as poor. Low income is the best predictor of poor health.

* Older Nebraskans are almost twice as likely to report long-term health problems as middle-aged Nebraskans. As a result of these chronic health problems, nearly two-thirds of older Nebraskans take regular medication. Persistent health problems increase substantially after age 65 and are strongly related to low income.

* Rural residence is associated with reports of poorer health. The rural elderly have to travel longer distances to seek health care, but they see their physicians more often than the urban elderly.

* Nearly one-quarter of Nebraskans over age 60 report being hospitalized within the last year. This is substantially higher than the hospitalization rate for middle-aged Nebraskans (13 percent). Incidence of hospitalization increases sharply by age.

* Mental health data on the non-institutionalized elderly in Nebraska show no significant deterioration of mental health with age. On three of five mental health indicators, the over 60 population reports better mental health than the middle-aged; the elderly are judged less likely than the middle-aged to need direct mental health services. The oldest old and the widowed are, however, somewhat more likely to report anxiety and depression than other sub-populations.

* Most older Nebraskans have health insurance but over 25 percent of Nebraskans over 80 rely solely on Medicare as a source of payment

for medical bills. Nearly half report some out-of-pocket expenses for medical treatment.

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TABLE 1

GENERAL HEALTH STATUS OF OLDER NEBRASKANS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986 FALL

	EXCELLENT	GOOD	FAIR	POOR	TOTALS N	TOTALS %
AGES 40-59	37.8	49.6	10.7	1.8	534	100
AGES 60-95	17.6	51.8	25.5	5.1	471	100
SEX						
Male	16.3	52.4	27.7	3.6	207	43.9
Female	18.6	51.3	23.8	6.3	264	56.1
AGE						
60-64	21.6	57.2	18.1	3.1	112	23.8
65-69	21.4	46.4	24.8	7.5	119	25.3
70-74	12.6	57.1	27.8	2.5	91	19.4
75-79	12.9	48.3	30.6	8.2	81	17.2
80-95	16.3	49.4	30.0	4.3	67	14.2

TABLE 2

HEALTH PROBLEMS AND MEDICATION USAGE OF OLDER NEBRASKANS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986 FALL

		HEALTH PROBLEM	TAKING MEDICATION*	NEED HELP WITH MEDICATION*
AGES	40-59	12.8	-	-
AGES	60-96	25.4	63.4	3.8
SEX				
MALE		23.3	55.7	2.8
FEMALE		27.1	69.4	2.8
AGE				
60-64		17.1	47.7	1.3
65-69		27.5	59.4	-
70-74		31.0	71.5	-
75-79		31.6	71.9	2.1
80-95		20.7	75.3	4.7

*Not asked of respondents under 60.

TABLE 3

PATTERNS OF PHYSICIAN VISITS OF OLDER NEBRASKANS BY SEX, AGE, MARITAL STATUS WITH COMPARISON WITH MIDDLE-AGE NEBRASKANS, 1986

	SEEN DOCTOR LAST YEAR	AVERAGE NUMBER OF VISITS	TOTAL N
TOTALS 40-59	71.1	3.58	496
TOTALS 60-96	77.4	3.87	460
SEX			
MALE	75.4	3.57	190
FEMALE	78.7	7.09	271
AGE			
60-64	67.5	3.54	109
65-69	79.3	4.05	94
70-74	77.2	3.42	119
75-79	83.7	4.23	69
80-96	84.1	4.57	70
MARITAL STATUS			
MARRIED	77.0	3.93	285
WIDOWED	79.2	3.91	144

TABLE 4

HOSPITALIZATION OF OLDER NEBRASKANS BY SEX, AGE, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	HOSPITALIZED WITHIN YEAR	OF THOSE HOSPITALIZED 1 TIME SURGERY	SURGERY DURING HOSPITALIZATION	TOTAL N
TOTALS				
40-59	13.3	78.4	55.8	496
TOTALS				
60-96	22.7	69.8	51.5	461
SEX				
MALE	23.8	71.5	62.5	190
FEMALE	22.0	68.4	43.0	271
AGE				
60-64	18.8	84.2	43.6	109
65-69	19.4	66.1	46.3	94
70-74	25.6	69.7	63.2	119
75-79	20.0	82.4	57.7	69
80-96	31.3	51.4	43.0	70
MARITAL STATUS				
MARRIED	22.1	72.0	53.1	285
WIDOWED	25.3	68.6	47.0	144

TABLE 5

NEBRASKANS AT RISK FOR MENTAL PROBLEMS IN FIVE GENERAL AREAS BY AGE, SEX, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986 FALL

	COGNITIVE IMPAIRMENT	DEPRESSION	PSYCHOSOCIAL ANXIETY	PSYCHOSOCIAL DYSFUNCTION	GENERAL PSYCHO-PATHOLOGY	AT RISK ON 3 OR MORE PERCENT
TOTALS						
40-59	15.1%	16.2%	15.5%	9.8%	11.3%	11.5%
TOTALS						
60-95	16.0	14.9	18.5	5.2	5.6	6.8
SEX						
MALE	18.0	13.1	15.9	6.6	8.4	7.2
FEMALE	13.3	16.3	20.5	4.1	3.4	6.6
AGE						
60-64	14.3	8.4	12.9	3.9	7.9	5.0
66-69	12.7	16.2	19.5	8.3	6.4	7.0
70-74	13.2	19.2	20.9	3.7	3.0	6.5
75-79	21.3	12.7	21.6	5.0	8.4	9.4
80-96	22.2	20.0	19.0	4.1	.7	7.1
MARITAL STATUS						
MARRIED	15.1	12.7	15.7	5.5	5.6	5.9
WIDOWED	18.3	22.1	24.7	4.4	3.2	9.4

TABLE 6

INSURANCE PATTERNS OF OLDER NEBRASKANS BY SEX, AGE, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	HAVE HEALTH INSURANCE	BILLS LEFT UNPAID AFTER INSURANCE
TOTALS 40-59	91.6	17.4
TOTALS 60-96	94.7	11.2
SEX		
MALE	91.0	11.5
FEMALE	97.4	11.0
AGE		
60-64	91.6	8.4
65-69	98.0	14.0
70-74	96.1	9.3
75-79	95.0	12.1
80-	92.6	14.4
MARITAL STATUS		
MARRIED	95.9	10.9
WIDOWED	95.1	12.6

TABLE 7

SOURCES OF PAYMENT FOR MEDICAL CARE OF OLDER NEBRASKANS BY SEX, AGE, AND MARITAL STATUS AND COMPARISON WITH MIDDLE-AGED NEBRASKANS, 1986

	PRIVATE INSURANCE	OUT OF POCKET	MEDI CAID	MEDICARE ONLY	MEDICARE +SUPPORT	VETER-ANS	COUNTY	TOTALS N	TOTALS %
TOTALS 40-59	85.3	60.4	.3	.5	.8	2.6	.9	496	100
TOTALS 60-96	42.5	46.2	2.4	13.	53.5	3.1	.5	461	100
SEX									
MALE	43.9	43.5	1.0	13.4	47.2	6.5	.7	207	
FEMALE	41.5	48.1	3.4	12.7	58.0	.7	.4	264	
AGE									
60-64	83.7	66.6			4.8	5.3	-	112	
65-69	35.5	48.1	4.5	17.1	61.6	5.3	.4	119	
70-75	26.3	28.6	.9	11.4	79.2	3.1	.6	91	
75-79	32.2	43.3	3.7	17.9	72.0	-	.7	81	
80-	24.8	44.7	4.8	25.8	57.3	-	1.0	67	
MARITAL STATUS									
MARRIED	48.2	48.8	1.4	10.7	50.9	3.5	-	285	
WIDOWED	31.2	41.7	3.1	15.5	61.4	1.3	.5	144	

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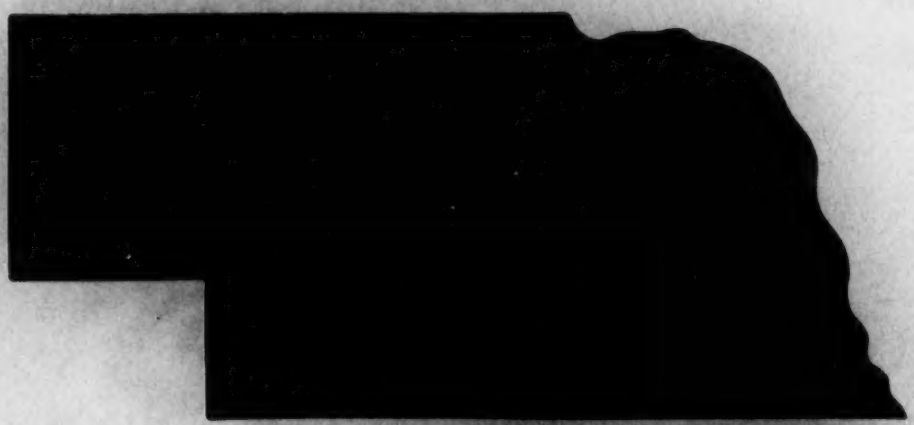
NASIS



NEBRASKA ANNUAL SOCIAL INDICATORS SURVEY

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NASIS - 87, #10

THE STATUS OF WOMEN IN NEBRASKA

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Department of Sociology

January 1990

Price: $1.00

The Nebraska Annual Social Indicators Survey

David R. Johnson and Alan Booth, 1987 Study Co-Directors

The findings in this report are based on data collected in the Twelfth Nebraska Annual Social Indicators Survey (NASIS). This survey is part of an on-going study of the quality of life in Nebraska conducted by the Bureau of Sociological Research at the University of Nebraska-Lincoln.

In the Fall of 1987, a representative sample of 1882 Nebraskans eighteen years of age or older living in households was interviewed by telephone. The respondents were selected using a random digit telephone sampling design. The interview averaged approximately 30 minutes and included questions about work, recreation, attitudes towards public services, taxes, and political and social issues. Other items included in the survey measured the quality of life in the state. For the entire sample, 95 out of 100 times the percentages computed from the items asked on the survey are likely to be accurate to within plus or minus 2.3 percent of the figure that would have been obtained if each adult in Nebraska had been surveyed. This is an estimate of maximum error and for most items the percentages are likely to be even more accurate.

The data gathered by NASIS are used by a wide variety of state and local government agencies for policy and program planning and by faculty and students at the University of Nebraska and other colleges for research and training. No information identifying any respondent is released to any users and the strict confidentiality of individual respondents is rigidly enforced. While the final responsibility for the organisation and structure of the survey and for reports produced rests with the Bureau of Sociological Research, public agencies and university departments play an integral part in planning the survey through an Advisory Committee. Public organisations interested in membership on the Advisory Committee should contact the NASIS Study Directors.

Funding for NASIS comes from the University of Nebraska, the Bureau of Sociological Research, and state and local agencies which buy items and data analysis from the survey.

The NASIS surveys are repeated each year to measure change in the quality of life in Nebraska. While there is a core of questions which is included every year, each survey has a large component of unique items which address specific topical areas. Additional details on the NASIS surveys or questions regarding the use of the survey data or cost of purchasing items on future surveys can be obtained by contacting Alan Booth or David R. Johnson, NASIS Study Directors, at the Bureau of Sociological Research or by sending for a copy of the 1988 NASIS Prospectus.

THE STATUS OF WOMEN IN NEBRASKA, 1987

"The Status of Women in Nebraska, 1987" follows a 1980 report similarly entitled, which was based on findings collected in the fourth Nebraska Annual Social Indicators Survey (NASIS 1979), conducted by the Bureau of Sociological Research, University of Nebraska-Lincoln. Issues covered in the earlier report are re-examined, comparisons are made and new topics germane to the status of women are introduced.

Since the last report, significant changes in the status of Nebraska's women have taken place. These changes mirror those of a wider society, reflected in such accomplishments as political and academic appointments, economic and occupational gains and the surfacing on a national basis of such issues as childcare, barriers to employment and the feminization of poverty. In order to measure the true level of change which has occurred in the last 8 years, this report analyzes information gathered in the 1987 NASIS, whose larger purpose it is to collect data on the quality of life for all Nebraskans. Issues which are examined in subsequent pages of this report include the following:

1. Household composition and marital history
2. Employment and occupational status
3. Educational achievement
4. Wage-earning status

5. Household income where women are principle income earners
6. Quality of life, satisfaction level and victimization by crime
7. Status of health and level of health insurance
8. Women's views about issues of concern in today's society
9. Party affiliation and political opinion

What follows is a close examination of the above issues, based on 1987 data gathered by the Bureau of Sociological Research, from a survey of over 1800 randomly selected Nebraska residents. Fifty-two percent of respondents are female (Appendix 1). All regions of the state are represented (Appendix 2). The survey, comprised of 449 items pertaining to the quality of life in Nebraska, was taken of respondents in the fall of 1979. The survey is available in the Bureau library.

HOUSEHOLD COMPOSITION AND MARITAL HISTORY

Table 1 shows a decrease over the 8 year period in the percentage of married women living with dependent children. In 1980, 37% of female respondents were married and living with dependent children, while in 1987, 30% of female respondents lived in households of this same composition. There was an 11% increase in the proportion of women living in households where the only other resident was a husband, from 25% in 1980 to 36% in 1987. A decrease in the percentage

of women living alone, from 24% in 1980 to 19% in 1987 may not have been expected in light of women's occupational and educational gains. However, these numbers may reflect a wider problem concerning the feminization of poverty and is again reflected in the increased proportion of women living with other adults. One fact has clearly not changed since 1980. The traditional family situation - one in which a father, mother and children live together in the same household is the living situation of only 1 of 3 adult women.

Table 1 indicates that most women (88%) have been married at some point in their lives, and 67% are currently married. Seven percent are divorced and another 13% are widowed. A modest proportion of women are either separated (1%), or married and living apart from their husbands (1%).

EMPLOYMENT

As indicated in Table 2, over one-third of Nebraska's women were working on a full-time basis and nearly one-fifth on a part- time basis, during the week preceding the NASIS survey. Both figures represent a rise in the proportion of women working in the last 8 years. In 1980, 1% of Nebraska's women held jobs, but were out of work due to temporary illness, vacation or strike. In 1987, this decreased 0.7%. A 1987 unemployment figure of 1% matches that of 1980, and a 1987 retirement figure of 14% represents an increase of 1 percentage point over 1980. Four percent of Nebraska's women were in school during the week prior to the interview. The

proportion of women keeping house full-time decreased by 6% over the 8 year period, from 36% to 30%. This figure is not surprising, given the increase in the number of women working full and part time.

Thirty percent of working women have occupations which are of a professional, managerial or technical nature. This is 2% more than in 1980. In 1980, 34% of working men and 28% of working women held these positions. By 1987, this 6% "gap" not only narrowed, but reversed direction, as 30% of working women and 28% of working men held jobs of a professional, managerial or technical nature--jobs which typically command higher salaries and have more formal career ladders and seniority systems than traditionally female-dominated professions. In 1980, 36% of women in the labor force held jobs that were of a clerical or sales nature. In 1987, the proportion decreased slightly (35%). In 1980, only 11% of working men held clerical/sales jobs. In 1987 this figure rose to 13%. Clerical/sales jobs have traditionally witnessed low rates of unionization, lower wages, and the absence of career ladders or seniority systems.

Nine percent of women in the labor force hold jobs in skilled crafts, supervision, or as foremen or operatives, an increase of 3% over 1980. Thirty-one percent of working men hold these same positions, which typically have higher rates of unionization, better pay, and more seniority systems than most other blue-collar jobs.

EDUCATIONAL ATTAINMENT

As indicated in Table 3, 18% of women and 20% of men have not completed high school. For women, this is a 4% decrease over the 8 year period and for men it represents a 1% increase. Four percent more women achieved the level of associate's degree and 5% more the level of bachelor's degree in 1987 than in 1980. Six percent of men compared to 9% of women interviewed in 1987 had received an associate's degree and 13% of men had received a bachelor's degree compared with 14% of women. However, men have a slightly greater likelihood of holding a graduate degree.

Figures representing educational attainment show that women and men achieve basically the same levels. They also show an increase in the level of educational attainment achieved by women at the undergraduate college level.

INCOME, OCCUPATION AND EDUCATION OF PRINCIPLE INCOME EARNERS

Why should we interest ourselves in differences in income levels? Social science literature presents evidence of inequality on the basis of gender, education and occupation. On an aggregate basis in the United States, women earn less than seventy cents for each male dollar earned. Tradition, prejudice and training are all factors which influence income inequality. Traditionally, women have been assigned to and have a propensity toward joining the lower paid, "helping" professions. Employer and employee (co-worker) prejudice results in a waste of women's talent in the workplace. And

firm-specific training, usually available in the male-dominated occupations and less often available in female-dominated occupations, is vital to advancement in corporate society.

If pay equity is to be realized, the nature of its inequality must be understood. What follows is a synopsis of 1987 NASIS results on the issue of income inequality. Overall, the results are encouraging when compared to 1980 figures. However, there is a long way to go before the wage gap is closed.

As indicated in Table 4, males are more than twice as likely to be principle income earners (PIEs) than are females. Eighty-one percent of men and 34% of women interviewed in 1987 are PIEs. While 80% of male PIEs live with a spouse (nearly one-half of them also residing with dependent children), only 27% of female PIEs live with a husband or husband and dependent children. Nearly one- half of female PIEs live alone. Only 1% of male PIEs are single parents living with dependent children, while nearly one-tenth of female PIEs are single parents living with dependent children.

Turning to Table 5 we find that in households where women with less than a high school education are PIEs, income averages $13,600. This figure, while low, represents a substantial increase over a 1980 figure of $6,100. In households where men with less than a high school education are PIEs, the income is nearly twice the amount ($24,400) as

for female PIEs. In households where female PIEs hold a high school diploma, an average of $16,500 is earned, 20% more than where there was no diploma. For men, the difference between non-high school and high school graduate PIEs is less than 1%, or $500. Males with a high school degree earn salaries nearly equivalent to those earned by women holding a college degree.

The gap between females and males by educational level PIE situations narrows slightly for junior college and bachelor degree status, but widens again at the graduate college level. Here, household income where a woman is PIE is $26,700. Where a man is PIE, that figure is $38,200.

In households with female PIEs working in professional, managerial and technical jobs, average income increased from $11,500 to $23,800. For males, the increase is from $18,600 to $33,000.

In craftsmen/foremen ranks, female PIE households experienced an increase in income from 1980 to 1987 ($8,200 to $23,700). Male PIE household income increased from $14,000 to $29,800. In the clerical/sales category, male PIE households received an average income of $30,600 in 1987 compared with $14,500 in 1980. In this same category, female PIE households received $19,100 in 1987 compared with $10,000 in 1980.

Households in which women are principle income earners receive less income in every educational and occupational category than do male PIE households. However, figures do

reflect a larger overall percentage of income increase from 1980 to 1987 for female PIE households than for male PIE households.

QUALITY OF LIFE

What is the general satisfaction level of Nebraskan women concerning where they live, how much they earn, and their marriage? Thirty-six percent of women are, in general, very happy, compared to 30% of men. Approximately half of women interviewed responded that they are very satisfied with their county of residence, while only 42% of Nebraska's men are. Nearly three-quarters of those interviewed are very satisfied with their neighborhood. Women and men alike indicate lower levels of satisfaction with current financial situations. Only 14% of women and 11% of men are very satisfied with their current finances. About half of those interviewed feel that they are better off financially than they were 2 years ago. Sixty-seven percent of women and 69% of men feel very happy with their marriage.

Women keeping house are as likely as full-time female workers (38%) to be very happy. A slightly smaller proportion of part- time female workers (36%) reports being very happy. Women keeping house are somewhat more likely than are women in the work force to be very satisfied with their neighborhood or county of residence. They are more than twice as likely (19%) to be satisfied with their current financial situation than are women working part-time. However, a greater

proportion of women working full-time (53%) and part-time (34%) than women keeping house (31%) report that they are better off financially than they were two years ago.

Seventeen percent of women and twenty percent of men interviewed in 1987 lived in households where some member had been victimized by crime within the previous two years. Theft accounts for the largest proportion, representing nearly one-half of all crimes. More women (7%) than men (1%) reported victimization by break-in without theft. More women than men reported victimization by vandalism (20% versus 14%), and more women than men reported victimization by assault (8% versus 5%). Men were more likely to report victimization by arson/fraud and theft.

HEALTH RATINGS AND HEALTH INSURANCE

The adverse effects of inequality are again exemplified by differences in levels of employee health benefits. In every educational category and most occupational categories listed on Table 7, a higher proportion of male than female workers receive health insurance from their employers. Fewer than half of all women without a high school degree (versus 80% of men) receive health insurance benefits. Eighty-two percent of men with a high school diploma receive health benefits from their employer, compared to 66% of women with a high school diploma. While less than 75% of female junior college and bachelor program graduates receive health benefits

from their employer, 92% of male graduates at these same levels do receive health benefits.

Men also fared better than women in benefits across most occupational categories. Twenty-one percent more men than women working in professional/managerial and 13% more men in clerical/sales occupations receive health insurance benefits. Four percent more women than men employed in craftsmen/foremen positions report receiving health benefits.

Table 7 shows that where family income falls below $5,000, less than one-third of women's employers pay health benefits compared with 64% for men. At family incomes of $20,000 - $59,999, the gap narrows. At family income levels of $60,000+, 100% of male employees and 60% of female employees receive health benefits.

Far fewer female than male workers receive health benefits from their employers. Are women less in need of these benefits? Health ratings in Table 7 indicate that women and men rate their health as virtually the same, with a slightly higher proportion of women reporting poor health.

WOMEN'S VIEWS ABOUT SOCIAL ISSUES

In order to capture women's views on timely social issues, respondents were asked two questions. First they were asked whether they approve of laws permitting surrogate parenting arrangements. Next, they were asked whether or not they believe that pregnancy prevention information should be provided in high schools. Table 8 indicates that while only

33% of female respondents approve of surrogate laws, a far greater proportion (71%) approve of providing pregnancy prevention information in high schools. Variance in responses for each issue depend on a variety of factors, including household composition, employment status, principle income earner (PIE) status, educational attainment, and age.

Sixty-five percent of women living with a husband and dependent children approve of high school-level pregnancy prevention education programs. A less conservative profile (81% approval rate) is exhibited by women living alone with dependent children. Eighty-nine percent of women living with adults other than a husband approve, as do 74% of women living with a husband and no dependent children.

Working women exhibit a less conservative attitude toward this issue than do non-working women, with 79% (full-time workers) and 72% (part-time workers) approval rates. Students show a high approval rate, with 81% believing pregnancy prevention information should be allowed. Women keeping house and retired women exhibit more conservative profiles, with approval rates of 63% and 68% respectively.

Opinions also vary according to educational attainment. Women who have not completed high school approved at the rate of 61%; those with a high school diploma 77%; and those with a bachelor's degree, 72%.

Women in the age group of 17-40 tend to hold less conservative views about this issue. As indicated in Table

8, 75% of women in this group approve, compared to 67% in the 41-59 age group and 65% in the 60+ age group.

For what may be considered a more sensitive question and one on the cutting edge of social issues--that concerning laws permitting surrogate parenting arrangements--approval rates are significantly lower across the board. Only one quarter of women living alone or with a husband and no dependent children approve of laws permitting surrogate parenting arrangements. A slightly higher proportion of women living alone with dependent children (35%) approve, and 40% of women living with a husband and dependent children respond favorably about such laws. Forty-seven percent of women living with adults other than a husband approve. When broken down by employment status, divergent views emerge. Again, the least conservative profile is exhibited by women in the labor force. Forty-seven percent, in fact, approve of such laws, more than twice the proportion of women keeping house (18%) and retired women (16%). Thirty-one percent of students approve of such laws.

Responses varied only slightly by educational achievement levels. Table 8 shows us that women with high school, junior college, or graduate degrees all fall within the range of a 33-34% approval rate. Of those women without a high school degree, only 26% approve of such laws.

There are significant differences by age groups. While 47% of women aged 17-40 approve of such laws, only 12% of women 60 years old or older approve.

POLITICAL AFFILIATION AND POLITICAL ISSUES

In Table 9, women's and men's approval of specific tax increases is analyzed. More women (86%) than men (75%) would favor increased taxes for social services. For increased law enforcement, 93% of men and 81% of women would favor a tax increase. Women are slightly more interested (93%) in providing a tax increase for public schools than are men (90%). A large gap, however, exists between the proportion of women and the proportion of men who would favor a tax increase for government administration--77% of women and 57% of men. Finally, although 93% of men interviewed favor increased taxes for law enforcement, only 72% favor tax increases for prisons, compared to 83% of women interviewed.

Table 9 also presents political affiliation. A larger proportion of women than men are affiliated with the two major parties. Thirty-five percent of women and 29% of men affiliate with the Democratic Party and 41% of women and 37% of men affiliate with the Republican Party. Twenty-two percent of Nebraska's women are Independents, compared to 32% of Nebraska's men.

SUMMARY

This report has examined a number of issues germane to the status of Nebraska's women. Some of the more important findings are as follows:

1. Seven percent fewer women in 1987 than in 1980 are married, living with dependent children. Less than one-third of Nebraska's women live with a husband and dependent children.

2. There has been an increase in the proportion of women in the labor force in the last 8 years. In 1980, 47% of Nebraska's women had paid employment, and in 1987 52% were members of the labor force.

3. The proportion of women who have not completed high school has decreased by 5% while the proportion having attained either a junior college or a bachelor's degree has increased by 9% since 1980.

4. Approximately one-third of Nebraska's women are principle income earners (PIEs). Nearly one-half of female PIEs live alone, and 9% are single parents with children.

5. A significant wage gap between household incomes where women are principle income earners (PIEs) and where men are PIEs still exists, but the gap appears to be narrowing. Households with female PIEs show a greater overall percentage increase in income from 1980 to 1987 than did households with male PIEs.

6. Women working in the home appear to be slightly more satisfied than are women working outside of the home, with their neighborhood, county, and current financial situation. A higher proportion of women working outside of the home than women working in the home believe they are better off financially than they were two years ago.

7. Even though women and men rate the state of their health to be about the same, a far greater proportion of health insurance benefits in the workplace is distributed to male employees.

8. Seventy-one percent of Nebraska's women approve of providing pregnancy prevention information in high schools. Women living alone with dependent children show a greater tendency to approve than do women living with a husband or with a husband and dependent children. Women working outside of the home show a greater tendency to approve than do women keeping house full-time. Only 33% of Nebraska's women approve of laws permitting surrogate parenting arrangements. Nearly half of all women in the labor force approve of such laws, while 18% of women keeping house full-time approve.

9. A higher proportion of women than men are affiliated with a major political party. The largest proportion of women are affiliated with the Republican Party (41%). Thirty-five percent are affiliated with the Democratic Party, and 22% are Independent.

Significant changes in the status of Nebraska's women have taken place during the eight years since the last report. Educational and occupational gains have been realized. Wage gaps where women are principle household income earners, versus where men are, still exist. However, this gap is narrowing. Most of Nebraska's women express a general level of satisfaction in areas important to the quality of their lives.

TABLE 1. HOUSEHOLD COMPOSITION AND MARITAL HISTORY

Women living with:	1980	1987
Husband and dependent children	37%	30%
Husband and no dependent children	25	36
Alone	24	19
Dependent children	9	3
Other adults	5	11

Marital History:	
Percent who have ever been married	88%
Percent who are currently married	67
Percent who are divorced	7
Percent who are widowed	13
Percent who are separated	1
Percent who are married but live apart	1

TABLE 2. EMPLOYMENT OF WOMEN IN NEBRASKA

Last week, were you working full-time, part-time, going to school, keeping house, or what?

	1980	1987
Working full-time	31%	35%
Working part-time	16	17
With a job, but out of work due to temporary illness, vacation or strike	1	.3
Unemployed	1	1
Retired	13	14
In school	2	4
Keeping house	36	30
Other	1	.7

TYPE OF EMPLOYMENT OF THOSE EMPLOYED

	Females		Males	
	1980	1987	1980	1987
Professional, managerial or technical	28%	30%	34%	28%
Clerical or sales	36	35	11	13
Craftsman, foreman or operative	6	9	23	31
Farmer, rancher	1	.8	15	16
Other	29	25	17	13

TABLE 2. EDUCATIONAL ACHIEVEMENT

	Female		Males	
	1980	1987	1980	1987
Did not complete high school	23%	18%	19%	20%
High school diploma	60	56	57	56
Associates or Jr. College degree	5	9	5	6
Bachelor's degree	9	14	13	13
Graduate Degree	3	3	6	5

TABLE 4. WAGE EARNING STATUS

	Females	Males
Percent Who are Principle Income Earners	34%	81%

HOUSEHOLD COMPOSITION OF THOSE WHO ARE PRINCIPLE INCOME EARNERS

	Females	Males
Husband, wife, dependent children	11%	36%
Husband and wife	16	44
One person household	49	12
Single parent with children	9	1
Living with other adults	15	7

TABLE 5. HOUSEHOLD INCOME WHERE WOMAN IS PRINCIPLE INCOME EARNER VS. WHERE MAN IS PRINCIPLE INCOME EARNER

	Female PIE		Male PIE	
	1987	1980	1987	1980
EDUCATION				
Less than high school diploma	$12,600	$6,100	$24,400	$11,200
High School diploma	16,500	10,000	24,900	16,900
Junior College	21,900	8,300	27,900	15,600
Bachelor's degree	26,000	11,400	32,300	19,300
More than Bachelor's degree	26,700	15,300	38,200	22,800
OCCUPATION				
Professional, managerial	23,300	11,500	33,000	18,600
Clerical, sales	19,100	10,000	30,600	14,500
Craftsman, foreman	23,700	8,200	29,800	14,000
Farmer, rancher	20,000		28,900	17,600
Other	12,300	6,400	23,800	13,200

TABLE 6. QUALITY OF LIFE

General satisfaction	Total Population		Females		
	Females	Males	Working full time	Working part time	Keeping House
Percent very happy	36%	30%	38%	36%	38%
Percent very satisfied with county of residence	51	42	47	52	53
Percent very satisfied with neighborhood	71	63	67	75	76
Percent satisfied with financial situation	14	11	13	8	10
Percent who believe they are better of financially than two years ago	47	53	53	34	31
Percent very happy with their marriage	67	69	62	72	67

Other Quality of Life	Females	Males
Percent victims of crime	17%	20%
Type of Crime		
Break-in	7%	1%
Break-in with theft	11	17
Other theft	32	35
Arson/Fraud	1	3
Vandalism	20	14
Sexual assault	2	1
Other assault	6	4
Other	20	21

TABLE 7. HEALTH RATING AND HEALTH INSURANCE

HEALTH RATINGS

	Females	Males
Percent rate health as excellent	40%	43%
Percent rate health as good	45	45
Percent rate health as fair	12	10
Percent rate health as poor	4	3

PERCENT WHOSE EMPLOYER OFFERS HEALTH INSURANCE BY EDUCATION, OCCUPATION, AND FAMILY INCOME

Education:	Females	Males
Less than High School diploma	44%	80%
High School diploma	66	82
Junior College	61	92
Bachelor's degree	73	92
Graduate degree	89	97
Occupation:		
Professional, Managerial	74%	95%
Clerical, Sales	69	79
Craftsmen, foremen	88	84
Farmers, Ranchers	@	14
Other	49	82
Family Income:		
Under $5,000	30%	64%
$5,000 - 9,999	43	71
$10,000 - 19,999	65	83
$20,000 - 39,999	69	84
$40,000 - 59,999	83	88
$60,000 or more	60	100

@ not enough cases

TABLE 2. WOMEN'S VIEWS ABOUT SOCIAL ISSUES

	Percent Approve of Providing Pregnancy Prevention Information in High Schools	Percent Approve of Laws Permitting Surrogate Parenting Arrangements
TOTAL	71	33
Women living with:		
Husband and dependent children	65	40
Husband with no dependent children	74	25
Alone	67	25
Dependent children	81	35
Adults other than husband	89	47
Employment:		
Working full-time	79	47
Working part-time	72	47
Keeping house	63	18
Retired	68	16
Student	91	31
Principle Income Earners:		
Yes	73	32
No	70	34
Educational Achievement:		
Did not complete high school	61	25
High School diploma	77	33
Junior or Community College	67	34
Bachelor's degree	72	43
Graduate degree	@	@
Age:		
17 - 40	75	47
41 - 59	69	30
60+	65	12

@ not enough cases

TABLE 9. POLITICAL AFFILIATION

	Females	Males
Democrat	35%	29%
Republican	41	37
Independent	22	32
Other	2	3
Would favor tax increase for:		
Social services	86%	75%
Law Enforcement	91	93
Public Schools	93	90
Government administration	77	57
Prisons	82	72

APPENDIX 1

REPRESENTATIVENESS OF SAMPLE BY AGE AND SEX
(Percent Distribution in Age and Sex Categories)

CATEGORY	1980 CENSUS	NASIS WEIGHTED BY NO. OF ADULTS	NASIS WEIGHTED BY QUATE
AGE:			
Under 35	38	36.2	38.3
35 - 49	22	27.0	22.2
50 - 64	20	26.0	20.0
65+	19	10.7	19.2
SEX:			
MALES	48	43.3	47.7
FEMALES	52	56.7	52.3

APPENDIX 2

REPRESENTATIVENESS OF FALL 1987 SAMPLE BY REGION OF STATE
(Percent Distribution by Region)

REGION	1980 CENSUS	NASIS
Panhandle	6	6.4
Southwest	9	7.3
North	13	12.6
South Central	14	12.6
Omaha Area	34	32.1
Southeast	24	29.0
TOTAL	100	100.0

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NASIS

NEBRASKA ANNUAL SOCIAL INDICATORS SURVEY

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NASIS - 87, #11

LABOR ISSUES FOR NEBRASKAN WOMEN, 1987

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Department of Sociology

January 1990

Price: $1.00

The Nebraska Annual Social Indicators Survey

David R. Johnson and Alan Booth, 1987 Study Co-Directors

The findings in this report are based on data collected in the Twelfth Nebraska Annual Social Indicators Survey (NASIS). This survey is part of an on-going study of the quality of life in Nebraska conducted by the Bureau of Sociological Research at the University of Nebraska-Lincoln.

In the Fall of 1987, a representative sample of 1882 Nebraskans eighteen years of age or older living in households was interviewed by telephone. The respondents were selected using a random digit telephone sampling design. The interview averaged approximately 30 minutes and included questions about work, recreation, attitudes towards public services, taxes, and political and social issues. Other items included in the survey measured the quality of life in the state. For the entire sample, 95 out of 100 times the percentages computed from the items asked on the survey are likely to be accurate to within plus or minus 2.3 percent of the figure that would have been obtained if each adult in Nebraska had been surveyed. This is an estimate of maximum error and for most items the percentages are likely to be even more accurate.

The data gathered by NASIS are used by a wide variety of state and local government agencies for policy and program planning and by faculty and students at the University of Nebraska and other colleges for research and training. No information identifying any respondent is released to any users and the strict confidentiality of individual respondents is rigidly enforced. While the final responsibility for the organisation and structure of the survey and for reports produced rests with the Bureau of Sociological Research, public agencies and university departments play an integral part in planning the survey through an Advisory Committee. Public organisations interested in membership on the Advisory Committee should contact the NASIS Study Directors.

Funding for NASIS comes from the University of Nebraska, the Bureau of Sociological Research, and state and local agencies which buy items and data analysis from the survey.

The NASIS surveys are repeated each year to measure change in the quality of life in Nebraska. While there is a core of questions which is included every year, each survey has a large component of unique items which address specific topical areas. Additional details on the NASIS surveys or questions regarding the use of the survey data or cost of purchasing items on future surveys can be obtained by contacting Alan Booth or David R. Johnson, NASIS Study Directors, at the Bureau of Sociological Research or by sending for a copy of the 1988 NASIS Prospectus.

LABOR ISSUES FOR NEBRASKAN WOMEN, 1987

Industrial relations scholars and practitioners alike have debated the issue of the benefits of unionism for women. On one hand, unions in many situations raise wages over market clearing rates and negotiate stronger benefit packages for their members. In addition, a greater amount of protection from arbitrary discipline and discharge as well as increased job security may be afforded. On the other hand, union seniority systems and apprenticeship programs may adversely affect women and minorities, especially in male dominated industries.

The following is a brief overview and analysis of aggregate union effects on Nebraska's women. This report is based on findings collected in the twelfth annual Nebraska Annual Social Indicators Survey (NASIS, 1987), conducted by the Bureau of Sociological Research, University of Nebraska-Lincoln.

What makes Nebraska a particularly interesting labor study is that (a) it is a right-to-work state; (b) all of its public sector employees are prohibited from striking (state statute 48-802); (c) it ranks as one of the states lowest in number of strikes per year; (d) it has a lower rate of unionization than most other states; and (e) only one other state pays lower weekly unemployment benefits. Issues to be examined in this report include the following:

1. What proportion of Nebraska's women belong to labor organizations? What is the occupational composition of these unionized workers?
2. What is the household, party affiliation, and racial composition of Nebraska's unionized labor force?
3. What is the educational attainment of Nebraska's unionized labor force?
4. Does union membership have an effect on the level of women's employment benefits?
5. How does the quality of life for members of Nebraska's unionized labor force compare with that of non-members?
6. Are unionized workers more or less risk-averse than non-unionized workers?
7. What are the political and community participation rates of unionized versus non-unionized Nebraskan citizens?

What follows is a close examination of the above issues, based on 1987 data gathered by the Bureau of Sociological Research, from a survey of over 1800 randomly selected Nebraska residents. Fifty-two percent of respondents are female (Appendix 1). All regions of the state are represented (Appendix 2). The survey, comprised of 449 items pertaining to the quality of life in Nebraska, was taken of respondents in the fall of 1979. The survey is available in the Bureau library.

UNION MEMBERSHIP

Fifty-two percent of females and 72% of males interviewed are members of Nebraska's labor force. Twelve percent of these respondents belong to a labor organization.

A higher proportion of working men (17%) than women (6%) are unionized, and a slightly higher proportion of unionized men (92%) than unionized women (86%) are working full-time. By a wide margin (56%), female union members come from the ranks of professional/technical workers. Eleven percent are from managerial and related occupations, 10% are operatives and 9% service workers. Male union member's backgrounds are more diverse, with all occupations but three--household workers, farmers and farm laborers--represented. The largest proportion of unionized males comes from the ranks of operatives (35%) and craftsmen/foremen (27%). This is to be expected, since the vast majority of building trades workers are male and a relatively high proportion of these workers are unionized.

COMPOSITION OF THE UNIONIZED LABOR FORCE

Table 2 examines the racial, party affiliation and household composition of Nebraska's unionized labor force. By far the greatest majority of unionized workers interviewed are white. Only 2% of unionized males are non-white. Ten percent of the female unionized labor force, however, is black, and 90% white. No Hispanics or Native Americans were among those unionized employees surveyed.

Of those workers who are unionized, what is their party affiliation? Sixty percent of female union members are affiliated with the Democratic Party, compared with 34% of male union members. Twenty-one percent of females and 24% of males are affiliated with the Republican Party. Eighteen percent of females are Independents compared with 38% of males.

Fifty-two percent of female union members are principle income earners, compared to 33% of female non-members. Of those women who do belong to labor organizations, 28% are living with a husband and dependent children, 38% live with a spouse only, 16% live alone and another 5% live alone with dependent children.

EDUCATIONAL ATTAINMENT

As indicated in Table 3, 9% of all unionized females and 12% of all unionized males have not attained a high school degree. This is comparative with figures shown for the non-unionized population (10% and 13% respectively). Forty percent of Nebraska's unionized female labor force has earned a bachelor's degree compared to 10% of its unionized male labor force. Seventeen percent of unionized females have attained graduate degrees, compared to 4% of unionized males. A higher proportion of unionized women (39%) than non-unionized women (16%) have attained a bachelor's degree. Thirteen percent more unionized women (17%) have received a graduate degree than non-unionized women (4%).

EMPLOYMENT BENEFITS

Do unionized workers have a greater chance of receiving employment benefits than non-unionized workers? Do females fare better or worse than males in the area of job benefits? Table 4 indicates that in all but one area of benefits for women (paid vacations) and one area for men (paid sick leave), unionized workers have a greater chance of receiving job benefits than do non-unionized workers. In many instances, the difference is of great proportion.

Ninety-two percent of women belonging to labor organizations receive health benefits from their employers compared to 64% of non-unionized women. The figures for men are 95% and 83%, respectively. Clearly, the non-unionized female fares worst in this situation. About one-half of all unionized women and men work for an employer who pays the total cost of health insurance. In non-unionized ranks of the labor force, 39% of women and 40% of men find themselves in a similar situation.

A large gap in the level between unionized women's and men's benefits exists in two areas. In the area of paid sick leave, far more unionized women (84%) than unionized men (43%) receive paid sick leave. In the area of paid vacations, nearly the reverse is found. Forty-five percent of unionized women and 89% of unionized men receive paid vacations. Approximately 30% fewer non-unionized workers receive paid sick leave than do their unionized counterparts. Of those

workers who do receive paid vacation days, larger proportions of unionized workers than non- unionized, receive 15 or more paid vacation days.

Women who are not members of a labor organization have about one half the chance (39%) of receiving dental insurance from their employer as do unionized women (82%). Similarly, female union members have a greater chance (74%) of receiving life insurance than do non-unionized females (51%).

A smaller proportion of female than male non-unionized workers have the chance to receive any type of benefit, be it health, sick leave, vacations, dental, or life insurance.

QUALITY OF LIFE

No significant pattern of satisfaction level emerges by union status. A large proportion of the population reports being happy or very happy. Over 80% of all respondents interviewed believe that they are better off financially than they were 2 years ago. Non-unionized females report greater satisfaction with their county and neighborhood. Ten percent more unionized (78%) than non-unionized women and 6% more unionized (86%) than non-unionized men are satisfied with their current financial situation.

Table 5 indicates that a larger proportion of both female and male union members own or are buying their homes than are non-members. Thirty percent of the non-unionized labor force is renting compared to less than 20% of the unionized labor force.

RISK AVERSION

As members of a labor organization, unionized workers may find themselves faced with the possibility of going out on strike. Since striking involves a certain amount of risk, it would be interesting to find out if unionized workers are more or less risk-averse than are non-unionized workers. Results of responses to five questions designed to measure risk aversion are presented in Table 6. The questions, in order of presentation, are as follows:

-If you were offered a job that you knew would provide a modest but adequate income for the rest of your life and at the same time a job that paid much more but its long term prospects were still unknown, which would you take?

-You have a chance to take a job in another community which is exactly the type of work you have been looking for. Or you may remain in your present job which is not quite what you want, but you would remain in a community that you enjoy very much. Your family says either is okay. What would you do?

-Some people who are about to try something new look forward to it while others are uneasy. Do you look forward to new things or are you uneasy?

-Some people feel more comfortable when they know just what the future will bring, whereas others find that dull and depressing. How about you? Is knowing just what will happen each day important to you or do you prefer having things a little less than certain?

-Some people are more at ease when they know things are going to be the same while others are more satisfied when they know each day is going to be different. Do you prefer things to be the same each day or do you look forward to new things?

Female union members--with the exception of one question--responded in a way which indicates more of a propensity to be risk-averse than did non-unionized females. For male union members, the situation is reversed. A greater proportion of men who are members of labor organizations than those who are not prefer situations which involve some form of risk.

Seventy-five percent of female union members prefer job security over fast cash, compared to 60% of non-unionized women. Eighteen percent more unionized females (29%) than non-unionized (11%) prefer routine over change. Seven percent more unionized females (31%) than non-unionized (24%) feel uneasy about trying something new. Nearly an equal proportion of unionized and non-unionized female workers (57% and 54% respectively), prefer to know exactly what the future will bring. The propensity for more unionized female workers than non-unionized female workers to prefer situations of stability, routine, and job security may reflect somewhat their employment situation. Collective bargaining agreements allow workers to know exactly what the future will bring, at least for the duration of the contract. Job security is a major component of bargaining and negotiations.

POLITICAL AFFILIATIONS

Union membership is related to higher community and political participation rates for men and women. As indicated in Table 7, 77% of unionized women and 71% of unionized men voted in the 2 years previous to the interview. Sixty-nine percent of non-unionized women and 65% of non- unionized men voted in the previous 2 years. Forty-four percent of women belonging to a labor organization had attended a city council or school board meeting during the same period. Twenty-five percent fewer non-unionized Nebraskans had attended either of these same types of meetings. A slightly greater proportion of the non-unionized labor force (15%) than unionized (13%) had written letters concerning a public problem for submission to an editorial column. And 10% more unionized (42%) than non-unionized men had joined voluntary community organizations.

SUMMARY

This report has examined a number of labor issues affecting Nebraska's women. The analysis has focused on work-related differences between unionized and non-unionized workers. Unionized female workers appear to benefit from the effects of unionization, on an aggregate basis. Important findings of this report include the following:

1. Twelve percent of employed respondents interviewed belong to a labor union. A higher proportion of male than female union members is employed full-time. Six percent of female

workers and 17 percent of male workers belong to a labor organization. A relatively high proportion of unionized female workers is employed in professional/technical fields. Unionized men tend to be concentrated in the building trades.

2. Well over one-half of unionized females are married, and nearly thirty percent are married with children.

3. Over one-half of all unionized women are affiliated with the Democratic Party.

4. Unionized women are four times as likely as unionized men to attain a bachelor's degree. Unionized women are more likely to hold a graduate degree than are non-unionized women.

5. Non-unionized workers are disadvantaged in work benefits compared with unionized workers. A higher proportion of unionized than non-unionized women and men are satisfied with their current financial situation, and a higher proportion are either buying or own their homes.

6. Unionized women tend to be more risk-averse than are non-unionized women.

7. Union membership is related to higher community and political participation rates.

TABLE 1. UNION MEMBERSHIP

Percentage of work force unionized: 12%

WORK STATUS OF THOSE UNIONIZED

	Female	Male
Working full-time	92%	88%
Working part-time	7	10
On leave	1	2

UNION MEMBERSHIP BY OCCUPATION

	Female	Male
Professional, Technical	56%	11%
Managers, officials, proprietary	11	3
Clerical	8	14
Sales	0	2
Craftsmen & Foremen	6	27
Operatives	10	35
Non-farm laborers	0	3
Private household workers	0	0
Service workers	9	3
Farm laborers and foremen	0	0
Military	0	2
Farmers	0	0

TABLE 2. COMPOSITION OF THE UNIONIZED LABOR FORCE

Household Composition:	Female Union Members
Married, living with spouse and dependent children	28%
Married, living with spouse	38
Living alone	16
Living alone with dependent children	5
Living with other adults	14

Party Affiliation:	Female Union Members	Male Union Members
Democrat	60%	34%
Republican	21	24
Independent	18	38

Racial Composition:	Female Union Members	Male Union Members
White	90%	98%
Hispanic	0	0
Black	10	2
Native American	0	0
Other	0	0

TABLE 3. EDUCATIONAL ATTAINMENT OF UNION MEMBERS

	Unionized		Non-unionized	
	Female	Male	Female	Male
No degree	9%	12%	10%	13%
High School degree	32	68	60	55
Junior College degree	3	6	11	8
Bachelor degree	40	10	15	19
Graduate degree	17	4	4	6

TABLE 4. EMPLOYMENT BENEFITS

	Unionized		Non-unionized	
	Female	Male	Female	Male
Employer offers health insurance	92%	95%	64%	83%
Employer pays total cost health insurance	54	52	39	40
Paid sick leave	84	43	53	55
Paid vacations	45	89	68	80
Number of paid vacations:				
0	55%	11%	35%	22%
1 - 7	4	9	18	14
8 - 14	6	17	27	34
15 - 21	11	36	16	20
22 - 28	8	23	3	3
29 - 35	3	4	1	7
Employer offers dental insurance	82%	81%	39%	48%
Employer offers life insurance	74	85	51	69

TABLE 5. QUALITY OF LIFE

	Unionized		Non-unionized	
	Female	Male	Female	Male
Percent very or pretty happy	100%	100%	94%	96%
Percent very satisfied with county of residence	42	44	50	43
Percent very satisfied with neighborhood	57	68	70	59
Percent very satisfied with financial situation	78	86	68	80
Percent who believe they're better off or same financially than 2 years ago	88	94	93	89
Percent own their own home:				
Own	37%	40%	35%	32%
Buying	45	41	32	37
Renting	18	19	30	30

TABLE 6. RISK AVERSION BY UNION STATUS

	Unionized		Non-unionized	
	Female	Male	Female	Male
Prefer job security over fast cash	75%	53%	60%	62%
Prefer stable community living over a move for better benefits	46	43	54	43
Prefer routine over change	29	31	11	69
Prefer to know exactly what future will bring	57	38	54	45
Feel uneasy about trying something new	31	11	24	13

TABLE 7. POLITICAL AND COMMUNITY PARTICIPATION BY UNION STATUS

	Unionized		Non-unionized	
	Female	Male	Female	Male
Voted in the last 2 years	77%	71%	69%	65%
Attended City Council/ School Board Meeting	44	27	19	22
Written letter to editor on public problem	1	12	8	7
Joined voluntary community organization	37	42	27	30

APPENDIX 1

REPRESENTATIVESNESS OF SAMPLE BY AGE AND SEX
(Percent Distribution in Age and Sex Categories)

CATEGORY	1980 CENSUS	NASIS WEIGHTED BY NO. OF ADULTS	NASIS WEIGHTED BY PWATE
AGE:			
Under 35	38	36.2	38.3
35 - 49	22	27.0	22.2
50 - 64	20	26.0	20.0
65+	19	16.7	19.2
SEX:			
MALES	48	43.3	47.7
FEMALES	52	56.7	52.3

APPENDIX 2

REPRESENTATIVENESS OF FALL 1987 SAMPLE BY REGION OF STATE
(Percent Distribution by Region)

REGION	1980 CENSUS	NASIS
Panhandle	6	6.4
Southwest	9	7.3
North	13	12.6
South Central	14	12.6
Omaha Area	34	32.1
Southeast	24	29.0
TOTAL	100	100.0

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NASIS

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NASIS-88, #2

THE OPINION OF NEBRASKANS ON GOVERNMENT REGULATION OF ABORTION

David R. Johnson

Department of Sociology

November 15, 1989

Price: $1.00

The Nebraska Annual Social Indicators Survey

David R. Johnson and Alan Booth, 1988 Study Co-Directors

The findings in this report are based on data collected in the thirteenth Nebraska Annual Social Indicators Survey (NASIS). This survey is part of an on-going study of the quality of life in Nebraska conducted by the Bureau of Sociological Research at the University of Nebraska-Lincoln.

In the Fall of 1988, two surveys, a mail questionnaire survey and a random digit dialing telephone survey, were conducted at the same time. Each survey was representative of adults in households within the state of Nebraska. Both survey modes were used in an experiment to evaluate the representativeness, quality of data collected, and costs of a mail survey compared to the telephone survey method used in all previous NASIS. Graduate students enrolled in an advanced social research class assisted in the planning and implementation of both surveys. Addresses for the mail survey were selected using a random procedure from all telephone directories in the state. Several followup mailings were sent to each household resulting in completed questionnaires from 62 percent of the households contacted. There were 661 respondents to the mail survey and 548 respondents to the telephone survey. Comparison of the telephone and mail surveys found them both to be representative of the state and to yield similar results for comparable items on the surveys. Both surveys included questions about labor unions, additives in food, political and social attitudes, religion, family life, education, and other items reflecting quality of life in the state. For the entire sample, 95 out of 100 times the percentages computed from the items asked on the survey are likely to be accurate to within plus or minus 2.88 percent of the figure that would have been obtained if each adult in Nebraska had been surveyed. This is an estimate of maximum error and for most items the percentages are likely to be even more accurate.

The data gathered by NASIS are used by a wide variety of state and local government agencies for policy and program planning and by faculty and students at the University of Nebraska and other colleges for research. No information identifying the respondent is released to any users and the confidentiality of individual respondents is strictly enforced. While the final responsibility for the organization and structure of the survey and for reports produced under its name rests with the Bureau of Sociological Research, public agencies and university departments play an integral part in planning the survey through an Advisory Committee. Public organizations interested in membership on the Advisory Committee should contact the NASIS study Co-Directors.

Funding for NASIS comes from the University of Nebraska, the Bureau of Sociological Research, and the state and local agencies which buy items and data analysis from the survey.

The surveys conducted as part of NASIS are repeated each year to measure change in the quality of life in Nebraska. While there is a core of questions which is included each year, each survey has a large component of unique items which address specific topical areas. Additional details on NASIS surveys regarding use of the survey data or cost of purchasing items can be obtained by contacting Alan Booth or Wayne Osgood, Co-Directors, at the Bureau of Sociological Research or by sending for a copy of the NASIS prospectus.

The Opinion of Nebraskans on Government Regulation of Abortion

The recent Supreme Court Webster decision on state regulation of abortions has raised the abortion question to the status of a major political issue throughout the United States. Since the ruling allows states to regulate abortions more strictly than before the Webster decision, many state legislatures will have bills to restrict abortion on their agendas. This is likely to be the case in Nebraska as well. The purpose of this report is to examine the opinion of Nebraskans on government regulation of abortion gathered on the 1988 Nebraska Annual Social Indicators Survey (NASIS). Several questions are addressed. Do Nebraskans favor or oppose a woman's right to have an abortion without government intervention? Have attitudes toward abortion changed between 1982 and 1988? How do attitudes towards abortion vary by political orientation, voting behavior, religious affiliation and by demographic variables?

The 1988 NASIS was composed of 548 respondents to a statewide random-digit-dialing telephone survey and 661 respondents to a statewide mail survey. The surveys were conducted from October through December of 1988. Addresses for the mail survey were selected using a random procedure from telephone directories in the state, and 62 percent of the households contacted returned a completed mail questionnaire. Since the two types of surveys yielded very similar responses and each was representative of adults living in households in the state, the two surveys were combined for this report. The percentages calculated from the combined surveys are accurate to within plus or minus 3 percent at the 95 percent confidence level.

The following item was included on both the 1982 and the 1988 NASIS: "Whether to have an abortion is a strictly private decision, which the government should not try to regulate in one way or another." In 1988 respondents had the following choices: "strongly agree, agree, neither agree nor disagree, disagree, and strongly disagree". In 1982 the "neither agree nor disagree" choice was not mentioned to the respondent, but unsolicited "don't know" responses were included in this category.

What are the opinions of Nebraskans regarding government regulation of abortion? Table 1 presents the degree of agreement and disagreement with this statement of the issue of government regulation of abortion. In the 1988 NASIS, 66.3 percent of those responding either agreed or strongly agreed with the statement. Only 25.3 percent either disagreed or strongly disagreed that the government should not regulate abortion. Those holding the strongest positions were more likely to agree than

disagree with the position. Around one-quarter of the Nebraskans (24.6 percent) strongly agreed with the statement while less than one-tenth (9.3 percent) strongly disagreed.

How do the results in 1988 compare with those collected six years earlier on the 1982 NASIS? Overall, the responses to the statement in both years differed in only minor ways. The most notable difference is that in the 1988 survey the respondents were more likely to select the strongly agree or disagree response than were the respondents in the 1982 survey. There were also more neutral responses in 1988. This difference might reflect the lack of an explicit neutral choice in 1982 rather than any actual difference in opinion between the two years.

While these findings suggest a clear preference by Nebraskans for exclusion of the government from the regulation of abortion, a more detailed look at subgroups in the state will provide insight into the sources of support and opposition to this position. The distribution of responses to this statement for a number of important categories of Nebraskans are found in Table 2. These categories involve differences in political affiliation and participation, religion, residence, and demographic characteristics.

Political affiliation appears to be related to abortion views but much less so than the political rhetoric might lead one to expect. Strong Republicans were the most likely to strongly disagree and the least likely to strongly agree with no government intervention in abortion. Even in this group, however, the majority (56 percent) either agreed or strongly agreed with the statement. Interestingly, there were no consistent differences noted for the other categories of political preference, and it is likely that most of these differences are no larger than would be expected to occur by chance. Comparison of voters and nonvoters in the last election also showed only small differences. While voters were more likely than non-voters to strongly disagree with the statement, they were also more likely to strongly agree and less likely to hold a neutral position on the abortion question. Larger differences were found among respondents who voted for Bush and those who voted for Dukakis. While 73 percent of those voting for Dukakis agreed or strongly agreed, only 60 percent of those voting for Bush did so.

Many of the arguments espoused by the anti-abortion groups are strongly related to religious views. To what extent does religious affiliation and participation affect the views of Nebraskans on government regulation of abortion? Comparing the responses of Catholics and Protestants showed sharp differences in views. Catholics were more than twice as likely as Protestants (18 versus 8 percent) to strongly disagree that the government should not regulate abortion, while Protestants were almost twice as likely as Catholics to strongly agree (27 versus 14 percent). However, for both Protestant and Catholics alike, the most commonly chosen answer was the agree response, and in both groups the majority (51 percent of Catholics and 72 percent of Protestants) either agreed or strongly agreed that the government should not regulate abortion. Church attendance also was related to the respondent's position on abortion. Nebraskans who

attended church in the last seven days were more likely to disagree or strongly disagree with the statement than were those that did not attend in the last seven days, although in both church attendance groups the most common response was to agree with the statement. These findings suggest that religious factors were more strongly related to abortion attitudes than were political factors.

How do the views on government regulation of abortion vary by gender, age, education, and residence? While opinions differed among these demographic groups, in all groups the view most commonly selected was to agree that the government should not regulate abortion. Moreover, in all subgroups the majority either strongly agreed or agreed with this position. There were some differences among the demographic groups worth noting. Among the educational attainment groups, college graduates were most polarized. They had the highest percentages both strongly agreeing and strongly disagreeing with the statement and the lowest percentage taking a neutral position. Women were slightly less likely to agree or strongly agree with the statement than were men. The primary difference between older and younger respondents was that younger respondents were more likely to select the strongly agree or strongly disagree positions. We might expect that older respondents would be generally more conservative and less likely to allow abortions to be unregulated. However, this was the case as the percentage disagreeing or strongly disagreeing with the statement decreased with age. Comparisons of rural and urban residents showed that urban residents were more polarized than rural residents. In both rural and urban areas, however, 67 percent either agreed or strongly agreed with the position on abortion expressed in the statement.

When abortion attitudes are expressed in terms of the balance between individual rights and government regulation, the responses of the majority of Nebraskans is clear and carries over into all political, religious and social subgroups examined. The majority in all groups favor abortion being a strictly private decision not regulated by the government. While other studies have shown more opposition to abortion when the questions focus on personal opinions on whether abortion is right or wrong, or try to ascertain conditions under which abortion is and is not acceptable, the wording of the statement used in the NASIS survey more closely relates to the issues posed by the recent Webster decision of the U.S. Supreme Court. The Webster decision appears to permit greater latitude to states in regulating abortion but did not directly address the issue of whether or not abortion is a woman's right under the Constitution. SInce the 1988 NASIS was completed before the Webster decision was made public and before the significant shift observed nationally in the political climate on the abortion issue, future surveys are needed to assess any changes in climate within the state of Nebraska.

TABLE 1

Percent agreement in 1982 and 1988 with the following statement:

"Whether to have an abortion is a strictly private decision, which the government should not regulate in one way or another."

	1982	1988
Strongly Agree	21.6	24.6
Agree	49.2	41.7
Neutral or Don't know	4.9	8.4
Disagree	17.1	16.0
Strongly Disagree	7.2	9.3
TOTAL PERCENT	100.0	100.0
Number of Cases	1892	1199

TABLE 2

Responses of Subgroups of Nebraskans to the statement:
"Whether to have an abortion is a strictly private decision,
which the government should not regulate in one way or another."

	Percent Responding to each Category						
	Strongly Agree	Agree	Neutral	Dis-Agree	Strongly Dis-Agree	Total	No. of Cases
Political Affiliation?							
Strong Republican	19	37	5	20	19	100	131
Republican	26	42	8	17	8	100	335
Indep, leaning Repub.	33	31	5	18	14	100	111
Independent/Other	20	44	9	16	11	100	146
Indep, leaning Demo.	30	43	6	15	6	100	83
Democratic	23	47	9	13	8	100	244
Strong Democratic	25	44	5	14	13	100	105
Voted for in Pres. Election?							
Bush	22	38	7	21	13	100	534
Dukakis	29	44	7	11	9	100	341
Voted Last Election?							
Yes	26	41	7	17	11	100	931
No	23	46	11	14	8	100	266
Religious Affiliation?							
Protestant	27	45	7	15	8	100	759
Catholic	14	37	10	22	18	100	317
Other/None	43	35	6	8	8	100	121
Attend Relig. Serv. last 7 days?							
Yes	17	39	8	21	15	100	598
No	33	44	7	11	5	100	587
Educational Attainment							
Less than high school	21	41	10	16	12	100	141
High school degree	23	48	8	14	7	100	450
Some College	25	39	7	20	9	100	320
College Graduate	30	35	5	14	16	100	264
Gender							
Female	23	41	8	19	11	100	618
Male	27	43	7	13	10	100	560
Age of Respondent							
18 to 34	28	39	6	16	12	100	430
35 to 49	28	37	7	17	11	100	281
50 to 64	23	43	9	16	8	100	227
65 or older	16	51	11	16	6	100	215
Residence?							
Rural	21	46	6	18	9	100	242
Urban	26	41	8	16	11	100	950

List of reports already released using data gathered in the 1988 Nebraska Annual Social Indicators Survey. These may be purchased at the indicated price from the Bureau of Sociological Research at the University of Nebraska-Lincoln.

Report Number	Title
1	1988 NASIS Methodology Report: Study Design, Instruments, and Forms. David R. Johnson. Price: $7.50.